

Maine Department of Health and Human Services

Division of Licensing and Certification

# Personal Support Specialist (PSS) Student Training Program



# Introduction

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Welcome to the Personal Support Specialists (PSS) Student Training Program. This course is designed to meet the minimum criteria of educational needs of the PSS in the State of Maine.

This training program is designed to teach the foundational skills, knowledge, and values needed by staff in the health care fields. This course will introduce you to many subjects that apply to a range of work situations. As an unlicensed, direct service worker, you will assist people in the community and in health care settings who require a wide range of services, skills, and supports in multiple settings. Successful completion of this course qualifies an individual to provide direct support to Consumers in a variety of settings as authorized by Statute and rule.

## Regulations and Your Responsibility

You should be fully informed about your job description and your responsibilities as a PSS from your employer. Your employer may train you to perform additional tasks that are not covered in this training. Each employer and their consultant Registered Nurse, who is training and educating the PSS beyond what is authorized in this curriculum and accompanying skills list, must determine, prior to that training, if the skills and tasks to be taught are within the scope of nursing delegation consistent with Chapter 5 of the Rules for Maine State Board of Nursing. A good rule of thumb to remember is to **NEVER** perform any task that you have not been specifically trained to perform, even if you think you understand how to do it, or are requested to do it by anyone, including your supervisor.

Your employer will provide you with the most recent regulations, guidelines, and practices that apply to your work. They will also provide you with their facility's policies and procedures. It is your responsibility to take the time to know your job description responsibilities, your facility's policies and procedures, as well as the State and Federal regulations that apply to your job. Your responsibilities do not go away simply because you did not take the time to learn them. As the old saying goes: "Ignorance of the law is no excuse."

Furthermore, State and Federal regulations and guidelines change regularly and it is your responsibility to be aware not only of these regulations and guidelines but also of any changes to them. The following are some of the States rules and regulations that pertain to your job:

- State of Maine, 10-144, Department of Health and Human Services, Division of Licensing and Certification, Chapter 129 Rules and Regulations Governing In-Home Personal Care and Support Workers
- Title 22 Chapter 401 §1717, Registration of Personal Care Agencies and Placement Agencies
- Title 22 Chapter 405 §1812-G, Maine Registry of Certified Nursing Assistants and Direct Care Workers, Section 10 Complaint Investigation
- Title 22 Chapter 405 §1812-J, Unlicensed Assistive Persons, Section 3, Substantiated finding of complaint; registry listing
- Title 22 Chapter 958 §3477, Persons Mandated to Report Suspected Abuse, Neglect or Exploitation
- Title 22 Chapter 1691, Maine Background Check Center Act
- Title 22 Chapter §7302: Definitions; In-home and community support services; nursing facility services
- Title 34-B Chapter §5439, Program of state-funded consumer-directed personal care assistance services
- Chapter 101: MaineCare Benefits Manual; Sections 20, 26, 29, and 40

## A PSS Is Administrative Personnel

Although PSSs frequently work in health care settings, PSSs, unlike Certified Nursing Assistants (CNAs), work under the direction of the administrator of your facility and **are not part of the clinical staff**. In this course you will be using a CNA textbook that may be used in the future as a stepping stone for CNA training. However, as a PSS and a member of the administrative staff you will not be legally authorized to do all of the skills and procedures in the textbook. You are legally obligated to remain within your Scope of Training and only to perform the skills and procedures which are in your job description and which you have been taught. You will find disclaimers throughout this document reminding you that you are not clinical personnel and though medical and health care terms are used throughout this book, such as “Tell the Nurse!” and “Nursing Assistants”, you are **NOT** a Nursing Assistant. After successfully completing this course, you will be considered an Unlicensed Assistant Person (UAP) and will work for, and report to, an administrative supervisor.

### Class Overview

- Textbook
  - This training includes 14 modules and is designed to be used with the book, Lippincott Textbook for Nursing Assistants, A Humanistic Approach to Caregiving, Fourth Edition, written by Pamela J. Carter, and published by Wolters Kluwer, ISBN-10 1-4511-9466-8 and the National Council of State Boards of Nursing (NCSBN) brochure, A Nurse's Guide to the Use of Social Media, published 2011 (<https://www.ncsbn.org/3739.htm>). Your instructor will inform you on how to get the book.
- Skills CDs
  - If Skills CDs are used, it is the responsibility of the instructor to utilize CDs that align with this curriculum.
- Class Participation
  - This training requires that you be present during all course sessions. It is vital you understand that you will achieve your highest level of training through regular attendance and class participation. You can benefit most by arriving on time and being committed to learning. Be sure to bring your course book and other required materials to every session. Be sure to read all assignments and complete your homework on time.

### Terms used in this Training

- Consumer
  - In health care, there are many terms that are used to refer to people receiving services: consumers, clients, patients, and residents. For the most part, health care providers use these words interchangeably in different settings, but for the purposes of this training we will use the term “Consumer” to refer to the individuals for whom you will be caring.
- PSS Scope of Training
  - The PSS Scope of Training are the professional activities you are allowed to perform as defined under state PSS Curriculum. These are the procedures, tasks, responsibilities and activities in which you have been trained, deemed competent, and have the authority to perform.
    - All healthcare workers in the State of Maine can only do work within their Scope of Training. You may be liable to litigation if you perform work which is outside of your Scope of Training. When you are asked to do work, IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT THE WORK IS WITHIN YOUR SCOPE OF TRAINING.

- ♦ **Service Plan (Care Plan, Plan of Care)**
  - ♦ The Consumer's care is based upon decisions made by a team which may include medical personnel, administrative personnel, and/or family/guardian. At the team meeting it is decided what services a Consumer will receive, based on their needs and professional assessments. A Care Plan, Service Plan, or Plan of Care is the written document that evolves from this meeting. These Plans are regularly reviewed by State inspectors and surveyors and are the blueprint for carrying out all actions and services provided to each individual Consumer. These three terms are used interchangeably throughout this course.

## How to Use Outline

- *Tell the Nurse!*
  - Throughout this document when referencing the *Tell the Nurse!* sections, PSSs should remember that they should follow the chain of command as outlined at their facility. In all of the instances listed as “Tell the Nurse!”, the PSS should report to their supervisor.
- Outline Layout
  - Textbook Units and Chapters are indicated on heading rows.
  - An “\*” indicates that is the name of the content heading to be studied in the textbook.
  - The “Notes” column will indicate if any of the paragraphs in the textbook section should be excluded, or Boxes, Figures, or Guidelines included. The “Notes” column also contains additional information that was not included in the textbook.
  - The heading row “Supplemental Information” communicates details not found in the textbook that are necessary to understand for the completion of the course.

REFERENCE TEXTBOOK: UNIT 1: CHAPTER 2 – THE NURSING ASSISTANT	
TEXTBOOK SECTION	NOTES
<b>Delegation*</b> <ul style="list-style-type: none"> <li>• Name of section to read.</li> <li>• * denotes textbook section.</li> </ul>	Start at Paragraph 5 “You should never refuse an assignment” to end of chapter. Include: <ul style="list-style-type: none"> <li>• Box 2-2: Tasks T Nursing Assistan</li> <li>• Guidelines Box 2 Declining an Assg</li> </ul> NOTE The bullet point “The nurse is not available to supervise your efforts.” Is not applicable to PSSs.
SUPPLEMENTAL INFORMATION	
<b>Your Responsibilities and Your Rights</b>	with care and human service workers have certain broad responsibilities while delivering daily services. Staff members also have certain rights that protect their

## You Can Make a Difference

In order to begin to familiarize yourself with the field you will be entering, we have provided the following reference to read and discuss as a start of class icebreaker.

REFERENCE TEXTBOOK: UNIT 7: CHAPTER 42 – CARING FOR PEOPLE WITH HIV/AIDS	
TEXTBOOK SECTION	NOTES
<b>Nursing Assistants Make a Difference! *</b>	<ul style="list-style-type: none"> <li>• Class discussion.</li> <li>• Share stories.</li> </ul>

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# Module 1: Entering the Health Care Field

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## Objectives

- Explain Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- Describe some of the different kinds of health care organizations available in Maine.
- Be familiar with patient centered care.
- Describe the Department of Health and Human Services (DHHS) healthcare facilities' inspection and complaint process.
- Be familiar with the Occupational Safety and Health Administration (OSHA).
- Be familiar with how health care is regulated in Maine.

## Key Terms

- |                                    |                   |
|------------------------------------|-------------------|
| • PSS                              | • OSHA            |
| • UAP                              | • Insurance       |
| • ADLs                             | • Medicare        |
| • IADLs                            | • MaineCare       |
| • Organizational Chart             | • Guardianship    |
| • Inspection and Complaint Process | • Conservatorship |
| • DHHS                             |                   |

## Definitions

- ♦ Activities of Daily Living (ADLs)
  - ADLs are tasks that are routinely performed by an individual to maintain bodily function, including, but not limited to mobility; transfers in position among sitting, standing and prone positions; dressing; eating, toileting; bathing; and personal hygiene assistance. (*10-144 Chapter 129, Rules and Regulations Governing In-Home Personal Care and Support Workers*, hereafter referred to as 10-144 CMR Chapter 129)
- ♦ Instrumental Activities of Daily Living (IADLs)
  - IADLs include, but are not limited to, meal preparation, taking medication, using the telephone, handling finances, banking and shopping, light housekeeping, getting Consumers to appointments, and reminding Consumers to take their medications.
- ♦ Unlicensed Assistive Personnel (UAP)
  - UAPs are individuals employed to provide hands-on assistance with activities of daily living to individuals in homes, assisted living facilities, residential care facilities, hospitals and other health care settings. Unlicensed assistive personnel does not include certified nursing assistants employed in their capacity as certified nursing assistants. (*10-144 CMR Chapter 129*)
- ♦ Personal Support Specialist (PSS)
  - PSSs are UAPs who assist Consumers with ADLs and IADLs.
  - PSSs are Direct Care Workers.
  - PSSs are Administrative Staff not Medical Staff.

## Content

Reference Textbook: Unit 1: Chapter 1 – The Health Care System	
Textbook Section	Notes
Health Care Delivery, Past and Present*	
Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	Story may not be applicable – Instructors use discretion.
Types of Health Care Organizations*	
<ul style="list-style-type: none"> <li>Hospitals*</li> </ul>	
<ul style="list-style-type: none"> <li>Sub-Acute Care Units (Skilled Nursing Units)*</li> </ul>	
<ul style="list-style-type: none"> <li>Long-Term Care Centers (Nursing Homes)*</li> </ul>	
<ul style="list-style-type: none"> <li>Assisted Living Facilities*</li> </ul>	Assisted Living Facilities are called Assisted Housing Programs in Maine.
<ul style="list-style-type: none"> <li>Home Health Care Agencies*</li> </ul>	
Supplemental Information	
<ul style="list-style-type: none"> <li>Personal Care Agency (PCA)</li> </ul>	“A Personal Care Agency is an individual or entity, not otherwise licensed by the Division of Licensing and Certification, engaged in a business that hires and employs unlicensed assistive personnel to provide assistance with activities of daily living to individuals in the places in which they reside, either permanently or temporarily. An individual who hires and employs unlicensed assistive personnel to provide care for that individual is not a personal care agency.” ( <i>State of Maine 10-144, Chapter 129</i> )
<ul style="list-style-type: none"> <li>Hospice Care</li> </ul>	Hospice care provides an interdisciplinary team of skilled professionals and volunteers who deliver comprehensive medical, psychological, and spiritual care for persons who are terminally ill, as well as support for their families. Trained hospice professionals assist the family in caring for the Consumer to ensure that the Consumer's wishes are honored, and the Consumer is kept as comfortable and free from pain as possible. In order to receive hospice care, a Consumer must be medically certified to have six months or less to live, and they cannot be receiving any active treatment.
<ul style="list-style-type: none"> <li>Respite Care</li> </ul>	Respite care is provided to individuals on a short-term basis because of the absence of, or need for relief of, the caregiver.
Reference Textbook: Unit 1: Chapter 1 – The Health Care System	
Textbook Section	Notes
Structure of Health Care Organizations*	Paragraph 4 “Within each facility...”, Figures 1-6* and 1-7* only  Your facility will have a chain of command shown in a document called the “organizational chart” (Figure 1-6*). The

	chart shows you the chain of command in your facility. By following the chart, you will see where you fit into your organization and who your supervisor is.
<b>Reference Textbook: Unit 9: Chapter 46 – Introduction to Home Health</b>	
Textbook Section	Notes
<ul style="list-style-type: none"> <li>The Health Care Team*</li> </ul>	<p>Include:</p> <ul style="list-style-type: none"> <li>Box 46-1: Members of the Home Health Care Team*</li> </ul> <p>Other Team Members PSSs might interact with include:</p> <ul style="list-style-type: none"> <li>Certified Residential Medication Aide (CRMA) <ul style="list-style-type: none"> <li>CRMAs work in various residential settings. They are trained to administer certain medications safely and accurately.</li> </ul> </li> <li>Mental Health Rehabilitation Technician (MHRT) <ul style="list-style-type: none"> <li>MHRTs typically work in Residential care facilities serving adults with mental illness. They must complete training that includes first aid, CPR, behavioral intervention, and medication administration.</li> </ul> </li> <li>Home Health Aide (HHA) <ul style="list-style-type: none"> <li>HHAs work for Medicare certified Home Health Agencies. They help older, disabled, and medically ill persons to live in their own homes instead of in a hospital or other health care facility. HHAs perform simple clinical evaluations such as pulse, temperature, and respiration; help with simple prescribed exercises; and assist with medication routines. They may provide housekeeping services, personal care, and emotional support. Some HHAs accompany Consumers outside the home, serving as a guide, companion, and aide.</li> <li>HHAs work as part of a health care team that may include nurses; physicians; physical, occupational, and speech therapists; dietitians; and social workers.</li> </ul> </li> </ul>
<b>Reference Textbook: Unit 1: Chapter 1 – The Health Care System</b>	
Textbook Section	Notes
Oversight of The Health Care System*	
<ul style="list-style-type: none"> <li>Ensuring Quality Health Care*</li> </ul>	Through OBRA Paragraph only and Figure 1.8*
The Survey Process*	<p>Include:</p> <ul style="list-style-type: none"> <li>Guidelines Box 1-1: Guidelines for Excelling at Your Job and Helping Your Facility Do Well During a Survey*</li> </ul> <p>As PSSs work under the administration of the facility, they may be involved in the DHHS inspection and complaint</p>

	process which is similar to the survey process. The inspection and complaint process may include, but not be limited to, the Attorney General's Office and the DLC.
Protecting Health Care Workers*	
<b>Supplemental Information</b>	
Supplemental Regulation Information	<p>Health care is licensed and regulated both by the State of Maine and the Federal Government. You must become familiar with the state and federal rules that apply to your job. These rules are called regulations, and they have the same importance as laws.</p> <p>Regulations cover such areas as:</p> <ul style="list-style-type: none"> <li>• Abuse, Neglect, and Exploitation</li> <li>• Confidentiality</li> <li>• Mandatory Reporting</li> <li>• Administration and storage of medications</li> <li>• Assessment and service planning</li> <li>• Rights of residents</li> <li>• Admissions policies and procedures</li> <li>• Implementation of activities programs</li> <li>• Hygiene and safety compliance</li> <li>• Handicap access and related ADA issues</li> <li>• Minimum staff qualifications</li> <li>• Consumer records and tracking of services</li> <li>• Number of persons that can be served in particular facilities</li> </ul> <p><b>NOTE: All employers must have a copy of the applicable State regulations on hand. All staff should be familiar with the regulations that apply to their specific work setting.</b></p>
Maine Department of Health and Human Services (DHHS)	The mission of the Maine Department of Health and Human Services is to provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development. The department provides supportive, preventive, protective, public health and intervention services to children, families and adults, including the elderly and adults with disabilities. ( <a href="http://www.maine.gov/portal/government/state-agencies/">http://www.maine.gov/portal/government/state-agencies/</a> )
<ul style="list-style-type: none"> <li>• State Survey Agency</li> </ul>	The agency designated for licensing health care institutions in the State and for certifying health care institutions for Medicare and/or Medicaid pursuant to 42 U.S.C. §§1395 aa and 1396. The State Survey Agency is the Division of Licensing and Certification in the Bureau of Medical Services, Department of Human Services. (10-144 CMR, Chapter 129)
<ul style="list-style-type: none"> <li>• The Office of Aging and Disability Services (OADS)</li> </ul>	The Office of Aging and Disability Services (OADS) supports Maine's older and disabled adults by providing adult protective, brain injury, other related conditions, intellectual

	<p>and developmental disability, long term care, and aging and community services to the people of Maine.</p> <p>OADS coordinates the programs and benefits to assure they operate consistent with the state and federal policies and the Maine DHHS's goals.</p>
<b>Reference Textbook: Unit 1: Chapter 1 – The Health Care System</b>	
Textbook Section	Notes
Paying for Health Care*	
<ul style="list-style-type: none"> <li>Private and Group Insurance*</li> </ul>	Paragraph 1 only
<ul style="list-style-type: none"> <li>Medicare*</li> </ul>	<p>First four sentences only.</p> <p>NOTE: PSSs will not work with Minimum Data Sets, that are required by Medicare.</p>
<ul style="list-style-type: none"> <li>Medicaid*</li> </ul>	The Medicaid program in Maine is currently called MaineCare.
What Did You Learn?*	Matching 1, 2, 3, 4, 5 only
<b>Supplemental information</b>	
<ul style="list-style-type: none"> <li>Veteran's Affairs (VA)</li> </ul>	The VA paid Community Nursing Home pays for up to six months of nursing home care following hospitalization for those veterans who qualify.
<ul style="list-style-type: none"> <li>Financial Power of Attorney (POA)</li> </ul>	A person or persons chosen by the Consumer to make financial decisions if they become incapacitated.
Guardianship and Conservatorship	The purpose of a guardianship or conservatorship is to ensure that continuing care is provided for individuals who are unable to take care of themselves or their property because of incapacity. The decision of whether a person needs a guardian or conservator is made by a probate court.
<ul style="list-style-type: none"> <li>What is Incapacity?</li> </ul>	<p>An "Incapacitated person" means any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause except minority to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person 18-A MRS§§5-101)</p> <p>This is more than just being dependent on other people for assistance. The individual must be unable to make or communicate informed decisions about his or her health and safety.</p> <p>Sometimes an older person, a person with intellectual disabilities, or a person with mental illness is not able to make responsible decisions for him or herself. He or she might do things that are dangerous and not understand the consequences. For example,</p>

	<ul style="list-style-type: none"> <li>• A person might not understand that crossing the street without watching the traffic could cause them to get hit by a car.</li> <li>• A person may not understand about their medication and take the whole bottle and without meaning to, they could kill themselves.</li> <li>• A person might be easily cheated or give away all their money.</li> </ul>
<ul style="list-style-type: none"> <li>• What is a Guardian?</li> </ul>	<p>A guardian is an individual, organization, or state agency appointed by the probate court to make decisions on behalf of a person who is incapacitated. the incapacitated person is called a "ward." A guardian has the authority to make decisions about the ward's person, such as:</p> <ul style="list-style-type: none"> <li>• Where the ward will live.</li> <li>• Whether the ward will go into a facility such as a nursing or boarding home.</li> <li>• What medical treatment the ward will receive.</li> <li>• If the guardian is given responsibility for the ward's finances, this is limited to administration when the value of all assets is under \$5,000. When assets exceed this amount, the court appoints a conservator with responsibility for managing larger financial assets.</li> </ul>
<ul style="list-style-type: none"> <li>• What is a Conservator?</li> </ul>	<p>A conservator is a person appointed by the probate court to protect and manage the money and property of any person who is unable to manage his or her own property because of a mental or physical illness or disability.</p> <p>The person under conservatorship is called a "protected person." The conservator can do such things as:</p> <p>pay the protected person's bills;</p> <p>sell, mortgage, rent out or manage the person's real estate; and/or</p> <p>invest the person's money.</p> <p>The conservator is not allowed to make decisions about the protected person's personal life unless he or she is also appointed as the guardian. The conservator also is not allowed to write a will for the protected person.</p>
<ul style="list-style-type: none"> <li>• Types of Guardianship</li> </ul>	There are two types of guardianship you may encounter.
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Full Guardianship</li> </ul> </li> </ul>	<p>Under full guardianship,</p> <ul style="list-style-type: none"> <li>• the guardian may decide where the person will live.</li> <li>• the guardian can give consent for medical treatment or any other professional care or service.</li> <li>• the guardian may approve the ward's placement into a hospital or institution.</li> </ul>

	<p>A ward under guardianship may not enter into any contract, make legally binding agreements, or marry without their guardian's permission.</p>
<ul style="list-style-type: none"> <li>○ Limited Guardianship</li> </ul>	<p>The court also may appoint a limited guardian. a limited guardian has the authority to make only specific kinds of decisions, such as giving consent for medical treatment or making financial decisions. Under limited guardianship, a person has the right to make any decisions that have not been specifically granted to the guardian.</p> <p>Since the law requires that the probate court help the incapacitated person stay as independent and self-reliant as possible, a limited guardianship or conservatorship is always preferable to full guardianship or conservatorship.</p> <p>Guardianship is generally a life-long arrangement, but in some emergency situations the court may appoint a temporary guardian, usually for a period of six months or less, to handle a person's affairs until they are no longer incapacitated or until a permanent guardian can be found.</p>
<ul style="list-style-type: none"> <li>• Rights and Responsibilities of the Guardian</li> </ul>	<p>The guardian generally has the same rights and responsibilities as the parent of a minor child, except:</p> <ul style="list-style-type: none"> <li>• the guardian does not have to pay the expenses of the ward using his/her own money</li> <li>• the guardian is not legally or financially responsible for acts of the ward.</li> </ul> <p>The guardian is expected to ensure the care, comfort, and protection of the ward's person and property. the guardian is to respect the wishes of the ward and to act in the ward's best interest. these rights and duties may be specifically limited under a limited guardianship.</p> <p>The authority of the guardian may be limited by other state laws. For instance, a guardian does not have the authority to have the ward sterilized or admitted to a state institution. Also, the guardian has the authority to give consent but may not be able to force the ward to act according to the guardian's decision. A guardian may decide that the ward should live in a certain home but may not force the ward to stay there.</p>
<ul style="list-style-type: none"> <li>• Working with Guardians</li> </ul>	<p>Talk with your supervisor to find out how you are expected to communicate with Guardians.</p> <p><b>NOTE: There may be times when a guardian expects you to do something is outside your Scope of Training. Explain to the guardian that you need to talk to your supervisor. Also, talk with your supervisor if you feel that a guardian is making decisions that are not in the ward's best interest.</b></p>



## Module 2: Legal and Ethical Aspects of Health

### Objectives

- Explain patient's and resident's rights.
- Describe Advance Directives.
- Specify how patient's and resident's right can be violated.
- Define confidentiality, including HIPPA.
- Discuss the consequences of improper use of social media.
- List and describe forms of abuse.
- Describe the risk factors and potential perpetrators of abuse.
- Explain Elder abuse.
- Explain mandatory reporting.
- Explain boundaries.
- Specify guidelines for behavior relating to ethics.
- Explain your responsibilities and rights.
- Define documentation.

### Key Terms

- Living Will
- DNR
- Abuse
- Neglect
- Exploitation
- Confidentiality
- Elder Abuse
- Mandatory Reporting
- Boundaries
- HIPPA

### Content

REFERENCE TEXTBOOK: UNIT 1: CHAPTER 4 – LEGAL AND ETHICAL ISSUES	
TEXTBOOK SECTION	NOTES
What Will You Learn?*	
Patient's Rights*	
Resident's Rights*	
SUPPLEMENTAL INFORMATION	
Protecting Consumers	Several State agencies are involved in protecting the rights of Consumers. You should become familiar with these agencies. Some consumers may be served by several different agencies. Some agencies are designed to protect all adults from abuse, endangerment, and exploitation. They investigate complaints and may take punitive actions if indicated. Other agencies are designed to protect and advocate for people with disabilities. There are state agencies that investigate and may bring legal actions in support of persons who have had their rights violated.

	<p><b>The State must be notified of any rights violations as well as when abuse, neglect, or exploitation is suspected.</b> This is discussed later in the section on Mandatory Reporting.</p>
Prohibitions from Employment	<p>Prior to being hired, your employer will perform a background check which includes a criminal history check as well as a sex offender check. They are currently working on adding additional checks. For further information reference the Maine Background Check Center online. (<a href="https://backgroundcheck.maine.gov/DHHS/MBC/">https://backgroundcheck.maine.gov/DHHS/MBC/</a>)</p> <p>Furthermore, they must check with the Division of Licensing and Certification to verify that you have completed PSS training and that you have not been the subject of an annotation by a State Survey Agency for a substantiated complaint or conviction of abuse, neglect, or misappropriation of funds in a health care setting.</p>
Advance Directives	<p>When you need medical care, you have the right to make choices about that care. But there may come a time when you are too ill to make those choices known. You can protect your right to choose by making decisions ahead of time about the medical care you want in the future. This is called making an Advance Directive.</p> <p>All adults should be encouraged to make an Advance Directive, especially upon entry to a healthcare facility or starting home care services. This protects the person's wishes should such authorization be needed at a later time when they may be unable to communicate their wishes.</p> <p>An Advance Directive not only protects a person's right to make medical decisions that affect his/her life but also helps the family and physician by providing guidelines for the person's care. All health care facilities should have a Health Care Advance Directive Form that is easy to obtain and fill out to enable a person to express their wishes. A copy of the <i>Maine Health Care Advance Directive Form</i> is in Appendix A. It is divided into seven Parts and may also be referred to as a Living Will. It is called a Living Will because can take effect while the Consumer is still alive but has become unable to communicate their wishes.</p>
<ul style="list-style-type: none"> <li>Part 1 - Power of Attorney for Health Care</li> </ul>	<p>Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i>, Part 1.</p>

• Part 2 – Special Instructions	Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i> , Part 2.
• Part 3 – Primary Physician	Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i> , Part 3
• Part 4 – Donation of Body, Organ or Tissues at Death	Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i> , Part 4
• Part 5 – Instructions About Funeral and Burial Arrangements	Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i> , Part 5
• Part 6- Signing the Form	Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i> , Part 6
• Part 7 – Instructions to Emergency Medical Services (ambulance crews) about what to do if you heart or breathing stops	<ul style="list-style-type: none"> <li>• Also referred to as the Do Not Resuscitate (DNR) Orders.</li> <li>• Refer to Appendix A: <i>Maine Health Care Advance Directive Form</i>, Part 7</li> </ul>
Abuse, Neglect, and Exploitation	<p>Abuse, neglect, and exploitation happen to thousands of adults in Maine every year. Many people are uncomfortable talking about these problems, especially if the abuser is a family member or friend. As a PSS, you may encounter or witness some unlawful and uncomfortable situations. However, there are some very important items to keep in mind as you begin your PSS career:</p> <ul style="list-style-type: none"> <li>• As a PSS, you are a Mandatory Reporter (discussed in detail later in this section).</li> <li>• As a PSS, you <b>must</b> be familiar with the laws that pertain to your job including those concerning abuse, neglect, and exploitation.</li> <li>• As a PSS, <b>you are liable (legally responsible) for your own action. Claiming that you are unaware of a law will not be accepted as an excuse. You may still face sanctions and prosecution.</b></li> </ul> <p style="text-align: center;"><b><u>"Ignorance of the law is no excuse."</u></b></p> <p>NOTE: Always remember all Consumers have the right to be free from abuse, neglect, and exploitation.</p>
Mandatory Reporting	Maine Statute 22 MRS §3477 <i>Persons mandated to report suspected abuse, neglect or exploitation</i> states “the following persons immediately shall report to the department when the person knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected or exploited:

	<p>A. While acting in a professional capacity:</p> <ul style="list-style-type: none"> <li>(1) An allopathic or osteopathic physician;</li> <li>(2) A medical resident or intern;</li> <li>(3) A medical examiner;</li> <li>(4) A physician's assistant;</li> <li>(5) A dentist, dental hygienist or dental assistant;</li> <li>(6) A chiropractor;</li> <li>(7) A podiatrist;</li> <li>(8) A registered or licensed practical nurse;</li> <li>(9) A certified nursing assistant;</li> <li>(10) A social worker;</li> <li>(11) A psychologist;</li> <li>(12) A pharmacist;</li> <li>(13) A physical therapist;</li> <li>(14) A speech therapist;</li> <li>(15) An occupational therapist;</li> <li>(16) A mental health professional;</li> <li>(17) A law enforcement official, corrections officer or other person holding a certification from the Maine Criminal Justice Academy;</li> <li>(18) Emergency room personnel;</li> <li>(19) An ambulance attendant;</li> <li>(20) An emergency medical technician or other licensed medical service provider;</li> <li><b><u>(21) Unlicensed assistive personnel;</u></b></li> <li>(22) A humane agent employed by the Department of Agriculture, Conservation and Forestry;</li> <li>(23) A clergy member acquiring the information as a result of clerical professional work except for information received during confidential communications;</li> <li>(24) A sexual assault counselor;</li> <li>(25) A family or domestic violence victim advocate;</li> <li>(26) A naturopathic doctor;</li> <li>(27) A respiratory therapist;</li> <li>(28) A court-appointed guardian or conservator;</li> </ul> <p>or</p>
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	<p>(29) A chair of a professional licensing board that has jurisdiction over mandated reporters</p> <p>B. Any person who has assumed full, intermittent or occasional responsibility for the care or custody of the incapacitated or dependent adult, regardless of whether the person receives compensation;</p> <p>C. Any person affiliated with a church or religious institution who serves in an administrative capacity or has otherwise assumed a position of trust or responsibility to the members of that church or religious institution, while acting in that capacity, regardless of whether the person receives compensation; or</p> <p>D. Any person providing transportation services as a volunteer or employee of an agency, business or other entity, whether or not the services are provided for compensation.</p> <p>The duty to report under this subsection applies to individuals who must report directly to the department. A supervisor or administrator of a person making a report under this section may not impede or inhibit the reporting, and a person making a report may not be subject to any sanction for making a report. Internal procedures to facilitate reporting consistent with this chapter and to ensure confidentiality of and apprise supervisors and administrators of reports may be established as long as those procedures are consistent with this chapter.”</p>
<ul style="list-style-type: none"> <li>• Making a Mandatory Report</li> </ul>	<p>Maine Statute 22 MRS §3477 <i>Persons mandated to report suspected abuse, neglect or exploitation</i> states “Reports regarding abuse, neglect or exploitation must be made immediately by telephone to the department and must be followed by a written report within 48 hours if requested by the department. The reports must contain the name and address of the involved adult; information regarding the nature and extent of the abuse, neglect or exploitation; the source of the report; the person making the report; that person's occupation; and where that person can be contacted. The report may contain any other information that the reporter believes may be helpful.”</p> <p>Your facility should have policies and procedures on mandatory reporting. make sure you know these</p>

	policies and procedures and always keep in mind you are a mandatory reporter under state law.
• Good Faith Immunity	<p>When reports are made in good faith, employees who comply with the mandatory reporting law are protected from discharge, threats, or discrimination regarding their conditions of employment by their employers under Maine law. This is sometimes referred to as the "Whistleblower's Protection Act" (26 MRSA §833).</p> <p>Your employer is required by law to have the "Whistleblower's Protection Act" poster posted in your workspace. (26 MRSA §839). A copy of the poster can be found in Appendix B.</p>
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 4 – LEGAL AND ETHICAL ISSUES</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Laws: A Way of Preserving Patients' and Residents' Rights* (Including HIPPA)	
• Violations of Civil Law*	
• Defamation*	
• Assault*	
• Battery*	
• Fraud*	
• False Imprisonment*	
• Invasion of Privacy* (Including HIPPA)	<p><b>Confidentiality</b></p> <p><b><u>ALL PERSONAL AND MEDICAL RECORDS ARE CONFIDENTIAL.</u></b></p> <p>The person receiving support services has the expectation that his/her privacy about care and other matters will not be shared with anyone. It is the job of each staff member to see that this right of privacy is upheld. The only people who are allowed to read a Consumer's record are the Consumer or his Guardian, staff members <u>in the performance of their job</u>, and State inspectors on official business. For anyone else to read the record, the Consumer or Guardian's permission must be obtained in writing. Family members, friends, visitors, or others do not have the right to access these documents unless written permission has been granted. Always follow your facility's policies and procedures on these issues.</p> <p><b>Social Media</b></p> <p>Read and discuss the National Council of State Boards of Nursing (NCSBN) brochure, <u>A Nurse's Guide to the Use of Social Media</u>, <a href="https://www.ncsbn.org/3739.htm">https://www.ncsbn.org/3739.htm</a></p>

• Larceny*	
• Violations of Criminal Law— Abuse*	<p>"Abuse" means the infliction of injury, unreasonable confinement, intimidation or cruel punishment that causes or is likely to cause physical harm or pain or mental anguish; sexual abuse or sexual exploitation; financial exploitation; or the intentional, knowing or reckless deprivation of essential needs. "Abuse" includes acts and omissions. (22 MRSA §3472). Abuse may occur in a variety of ways:</p> <ul style="list-style-type: none"> <li>• Consumers may abuse one another, staff may abuse Consumers, or Consumers may be abusive toward staff.</li> <li>• Abuse may be an act of violence such as physical or sexual assault, or it may be verbal abuse, medication errors, or failure to provide proper assistance resulting in injuries.</li> <li>• Consumers may be neglected by staff or family members.</li> </ul> <p>Consumers may be exploited by staff, family members, or other Consumers.</p>
• Forms of Abuse*	<p>Include:</p> <ul style="list-style-type: none"> <li>• Table 4-1 Types of Abuse*</li> </ul> <p>NOTE: Abuse can happen at any age from birth on. Your facility will instruct you on how to respond to abusive situations you might encounter while providing care. Always follow your facility's policies and procedures and remember you are a Mandatory Reporter.</p>
<i>The following are the bullet points under Forms of Abuse* in the textbook:</i>	
• Physical Abuse*	
• Neglect*	<p>"Neglect" means a threat to an adult's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these (22 MRS §3472).</p> <p><b>As a PSS, you are Negligent if you cause a Consumer harm by:</b></p> <ul style="list-style-type: none"> <li>• <b>Disregarding a supervisor's instructions or performing a task that is not part of the service plan;</b></li> <li>• <b>Ignoring a Consumer's needs;</b></li> <li>• <b>Leaving a Consumer alone without adequate Supervision;</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Performing a task incorrectly or unsafely;</b></li> <li>• <b>Performing a task without proper training;</b></li> <li>• <b>Performing a task that is not in your job description, even if you are told to do it by a nurse or other professional.</b></li> </ul> <p>Additional examples of Neglect:</p> <ul style="list-style-type: none"> <li>• A group of assaultive Consumers have been left alone and unsupervised.</li> <li>• An aide has fallen asleep or is high or intoxicated while on duty.</li> <li>• A Consumer has bleeding gums and some loose teeth, indicating that a visit to the dentist is long overdue.</li> <li>• A Consumer is continually fearful about leaving her room or home and seems almost panicky when it's time to leave for an outing. Staff "leave her be" rather than attempting to determine the cause of her fear.</li> </ul> <p>A Consumer fell several days ago. Her ankle is swollen and bruised, and she complains of pain when walking. The Consumer's doctor or family was not notified of the fall immediately. X-rays taken several days after the fact reveal a fracture.</p>
• Abandonment*	
• Psychological (emotional) abuse*	
• Sexual Abuse*	<p>"Sexual abuse or sexual exploitation" means contact or interaction of a sexual nature involving an incapacitated or dependent adult without that adult's informed consent (22 MRS §3472).</p> <p>Potential Indicators of Sexual Abuse:</p> <ul style="list-style-type: none"> <li>• A family member offers affectionate gestures to a Consumer that are too lingering and seductive or become centered on the sex organs, anus, or breasts.</li> <li>• Injury to a Consumer's genitals, anus, breast, or mouth.</li> <li>• A young Consumer tells you that her father manipulates her genitals, buttocks, and breasts during his visits.</li> </ul> <p>Venereal disease, torn, stained or bloody underwear, difficulty walking or sitting, and pain or itching in genital area.</p>



• Financial Abuse*	NOTE: This is also referred to as “misappropriation of funds.”
<b>SUPPLEMENTAL INFORMATION</b>	
• Exploitation	<p>"Exploitation" means the illegal or improper use of an incapacitated adult or his resources for another's profit or advantage. (22 MRS §3472)</p> <p>Indicators of Exploitation:</p> <ul style="list-style-type: none"> <li>• A Consumer's relative, who is the representative payee, fails to pay nursing, boarding, or foster home bills and provide personal needs money.</li> <li>• The facility administrator, who is a Consumer's representative payee, purchases furniture or clothing not intended for the Consumer.</li> <li>• A Consumer is manipulated into giving away money or personal property such as a TV, jewelry, or furniture.</li> </ul> <p>Disappearance of personal property; transfer of property, savings, insurance; unexplained change in cash flow; change in will, representative payee, or power of attorney; or depleted bank accounts.</p>
• Undue influence	<p>"Undue influence" means the misuse of real or apparent authority or the use of manipulation by a person in a trusting, confidential or fiduciary relationship with a person who is a dependent adult or an incapacitated adult (22 MRS §3472)</p>
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 4 – LEGAL AND ETHICAL ISSUES</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Perpetrators of Abuse*	<p>Consumer is more at risk for Abuse, Neglect, and Exploitation if they exhibit the following behavior:</p> <ul style="list-style-type: none"> <li>• Argumentative</li> <li>• Assaultive</li> <li>• Demanding</li> <li>• Hostile</li> <li>• Incompetent</li> <li>• Incontinent</li> <li>• Intrusive</li> <li>• Manipulative</li> <li>• Mute</li> <li>• Passive/passive aggressive</li> <li>• Verbally abusive</li> <li>• Substance abuse</li> <li>• Sexual acting out behavior</li> </ul>

	<ul style="list-style-type: none"> <li>• Dementia, Traumatic Brain Injury, Alzheimer's</li> <li>• Have multiple incidents</li> </ul>
	<p>NOTE: Report all adult abuse, neglect, or exploitation to the Office of Aging and Disability Services (OADS). Report all child abuse, neglect, or exploitation to the Office of Child and Family Services (OCFS). Report all facility violations to DLC.</p>
	<b>REMEMBER PSSs ARE MANDATORY REPORTERS.</b>
Elder Abuse*	
Role of the Nursing Assistant in Reporting Abuse*	<p>Include:</p> <ul style="list-style-type: none"> <li>• Box 4-1: Reporting Abuse*</li> </ul> <p><b>REMEMBER PSSs ARE MANDATORY REPORTERS.</b></p>
<b>REFERENCE TEXTBOOK: UNIT 8: CHAPTER 45 – CARING FOR PEDIATRIC PATIENTS</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Risk Factors for Child Abuse*	
Role of the Nursing Assistant in Reporting Abuse*	<p>Scenarios and reporting applies to all age groups.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Box 45-1: Signs of Child Abuse*</li> </ul> <p><b>REMEMBER PSSs ARE MANDATORY REPORTERS.</b></p>
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 46 – INTRODUCTION TO HOME HEALTH CARE</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Ability to Set Professional Boundaries*	<p>There should be nothing that you would do for one Consumer that you would not do for another. Otherwise, you may seem to be showing favoritism, partiality, or lack of objectivity when important decisions or actions are being made. Staff members who forget to maintain a proper working distance may unrealistically raise the expectations of Consumers, or appear to other Consumers to be unfairly generous with their time for a "favored" Consumer friend. Such appearances seriously complicate interactions between Consumers and all staff. Examples of improper working boundaries are:</p> <ul style="list-style-type: none"> <li>• taking the Consumer to your house for the weekend,</li> <li>• buying gifts for the Consumer,</li> <li>• helping the Consumer write a will, and</li> <li>• taking money from the Consumer.</li> </ul>

	NOTE: PSS should follow their facility's policies and procedures about relationships with Consumers such as accepting gifts from families.
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 4 – LEGAL AND ETHICAL ISSUES</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Ethics: Guidelines for Behavior*	Include: <ul style="list-style-type: none"> <li>Box 4-2: Code of Ethics for Nursing Assistants*</li> </ul>
• Professional Ethics*	
<i>The following are the bullet points under Professional Ethics* in the textbook:</i>	
• Beneficence*	
• Nonmaleficence*	
• Justice*	
• Fidelity*	
• Autonomy*	
• Confidentiality*	
• Personal Ethics*	There may be times when your personal ethics or beliefs conflict with a federal or state regulation. In these circumstances, it is best to consult with your supervisor for guidance about how you should handle the situation.
• Ethical Dilemmas*	Reference earlier sections on <i>Guardianship and Conservatorship</i> in regard to surrogacy laws.
• Protecting Yourself from Legal and Ethical Difficulties*	
What Did You Learn?*	Questions 1-11 only
Matching*	All matching
Stop and Think*	
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 2 – THE NURSING ASSISTANT</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Delegation*	Start at Paragraph 5 "You should never refuse an assignment" to end of chapter... Include: <ul style="list-style-type: none"> <li>Box 2-2: Tasks That Are Generally Beyond the Nursing Assistant's Scope of Training*</li> <li>Guidelines Box 2-1: Guidelines for Accepting or Declining an Assignment*</li> </ul>
	NOTE The bullet point "The nurse is not available to supervise your efforts." is not applicable to PSSs.
<b>SUPPLEMENTAL INFORMATION</b>	

Your Rights	<p>Rights are privileges or powers that we are entitled to as employees. Similarly, your rights cannot be protected unless you learn what they are. The Maine Labor Laws and <i>Maine Employee Rights Guide</i> can be found on the maine.gov website Take time to become familiar with these responsibilities and rights. Your responsibilities do not go away simply because you did not take the time to learn them. As the old saying goes:</p> <p style="text-align: center;"><b><u>"Ignorance of the law is no excuse."</u></b></p> <p>Similarly, your rights cannot be protected unless you learn about and know what they are.</p>
Documentation	<p>Documenting, also known as charting or recording, of services and events in the consumer's care settings is a very important function. A Consumer's chart or record is a legal document which may be used in a court of law. It may contain a range of documents pertaining to the Consumer such as assessments, service plans, health care notes, behavioral charts, lab work, medications, and reports from other providers. It is crucial that you document promptly, accurately, clearly, and correctly. The amount and type of documentation varies depending upon the program in which you are working. Important things to keep in mind about documenting:</p> <ul style="list-style-type: none"> <li>• Document only the care <b><u>you</u></b> provided to the person or that <b><u>you</u></b> participated in.</li> <li>• <b><u>Never</u></b> make entries for another staff member, even if asked to do so.</li> <li>• <b><u>Never</u></b> enter or refer to a Consumer's name in another person's file. This is a violation of confidentiality. Use terms like roommate or "another Consumer" instead.</li> <li>• If you are describing what someone told you, put their statement in quotation marks to indicate that it is the person's words you are recording and not your own observation. Example: The Consumer stated: "John called me a bad name".</li> <li>• If a Consumer refuses some form of regular treatment, care, or medication, consult with your supervisor. They may ask you to complete a refusal of care or treatment form for the Consumer and instruct you on how to proceed.</li> </ul>

	<p>Documentation is usually recorded in a 24-hour or “military” time format.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Figure 5-17*, Unit, Chapter 5: Communication Skills</li> <li>• Guidelines Box 5-1: Guidelines for Recording*</li> </ul> <p>NOTE: It is important to become familiar with the record keeping and documentation methods used in whatever setting you are working. You should always report to supervisors any changes from accepted practice that come to your attention. Follow your facility’s policies and procedures for documentation.</p>
<ul style="list-style-type: none"> <li>• How to Handle Errors in Documentation</li> </ul>	<p>Follow your facility’s policies for handling documentation errors.</p>
<ul style="list-style-type: none"> <li>• Late Entries</li> </ul>	<p>Late entries are entries added on another day or another shift other than the one on which it happened. Follow your facility’s policies on how to document late entries.</p>

## Module 3: Basic Infection Control

### Objectives

- Describe the chain of infection and how to break it.
- Discuss the importance of proper hand hygiene and when it is necessary.
- Know standard precautions.
- Describe infection control.

### Key Terms

- Chain of Infection
- Hand hygiene
- Barrier methods
- Precautions
- Bloodborne Pathogens Standard
- Airborne transmission
- Infection control

### Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 10: COMMUNICABLE DISEASE AND INFECTION CONTROL</b>	
TEXTBOOK SECTION	NOTES
What Will You Learn?*	
What is a Microbe*	Include: <ul style="list-style-type: none"> <li>• Table 10-1: Types of Microbes*</li> </ul>
The Immune System*	
<b>Tell The Nurse!*</b>	
Communicable Disease and the Chain of Infection*	Include: <ul style="list-style-type: none"> <li>• Figure 10-4*</li> <li>• Figure 10-6*</li> </ul>
• Sanitization*	Bullet point under "Infection Control in the Health Care Setting: Medical Asepsis" Include: <ul style="list-style-type: none"> <li>• Guidelines Box 10-1: Guidelines for Maintaining a Sanitary Environment*</li> </ul>
• Disinfection*	Bullet point under "Infection Control in the Health Care Setting: Medical Asepsis"
Hand Hygiene*	Include: <ul style="list-style-type: none"> <li>• Unit 9, Chapter 47 Safety and Infection Control in the Home Health Care Setting: Hand Hygiene*</li> </ul>
Barrier Methods*	

• Gloves*	
• Gowns*	
• Masks*	
• Protective Eyewear*	
Isolation Precautions*	
Standard Precautions*	Include: <ul style="list-style-type: none"> <li>Box 10-1: Standard Precautions*</li> </ul>
Transmission-Based Precautions*	Include: <ul style="list-style-type: none"> <li>Box 10-2: Airborne Precautions*</li> </ul>
What Did You Learn?*	Questions 1, 2, 3, 6, 7, 8, 10, 11, 12, 13 only
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 11: BLOODBORNE AND AIRBORNE PATHOGENS</b>	
TEXTBOOK SECTION	NOTES
What Will You Learn?*	
Bloodborne Diseases*	
• Bloodborne Transmission*	
• Hepatitis*	
• Hepatitis A Virus (HAV)*	
• Hepatitis B Virus (HBV)*	
• Hepatitis C Virus (HCV)*	
• Hepatitis D Virus (HDV)*	
• Hepatitis E Virus (HEV)*	
• HIV/AIDs*	
Standard Precautions*	Include: <ul style="list-style-type: none"> <li>Table 11-1: Comparison of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV)*</li> <li>Unit 9, Chapter 47 Safety and Infection Control in the Home Health Care Setting, Using Standard Precautions*</li> </ul>
OSHA Bloodborne Pathogens Standard*	Include: <ul style="list-style-type: none"> <li>Box 11-1: OSHA Bloodborne Pathogens Standard*</li> </ul>
Airborne Transmittal*	
• Tuberculosis (TB)*	
What Did You Learn?*	All Questions
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 47: SAFETY AND INFECTION CONTROL IN THE HOME HEALTH CARE SETTING</b>	
TEXTBOOK SECTION	NOTES
Infection Control*	

• Using Proper Bag Technique*	Your facility will notify you if you will be transferring any samples.
• Using Personal Protective Equipment (PPE)*	Your facility will provide you with PPE.
• Disposing of Sharps*	Your facility will train you on their policies and procedures for the disposal of sharps.
<b>SUPPLEMENTAL INFORMATION</b>	
Housekeeping Measures	<p>Housekeeping Measures, part of the Consumer's IADLs, involves cleaning, laundry, disposal of regulated wastes, and other practices that protect you from being exposed to pathogens. You should follow your employer's schedule for keeping your work area clean and sanitary. In the home setting, you can assist Consumers in keeping the area in which they live clean.</p> <p>If broken glass might be contaminated, clean it up using a brush and dustpan, tongs, or forceps. Do not pick up possibly contaminated broken glass with your hands. Always follow your facility policies and procedures.</p>



## Module 4: Professionalism in the Workplace

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### Objectives

- Give examples of the “Golden Rule”.
- Discuss the phrase “ignorance of the law is no excuse”.
- Discuss role clarity.
- Discuss person centered care.
- Give examples of positive and negative personal work skills.
- Give examples of positive and negative work ethics.
- Discuss eight work skills.
- Explain why your personal physical and emotional health are important to your work.

### Key Terms

- Job Description
- Scope of Training
- Ethics
- Burnout
- Stress

### Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"><li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li><li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li><li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li><li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li><li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li></ul>	
<b>SUPPLEMENTAL INFORMATION</b>	
Professional Work Values	<p>Before we talk about more of the specifics of doing your job, we need to take time to talk about the values behind the work that we do. If your mother, your grandfather, or your child, were in a hospital, nursing facility, residential facility, or cared for in their home how would you want them to be treated? The standards for the care you give at work should be as high as the standards by which you treat yourself and by which you like to be treated. The easiest way to sum up the values associated with health care and human services is the Golden Rule.</p> <p style="text-align: center;"><b>“Do to others, as you would like them to do to you.”</b></p> <p>In other words, you should always treat your Consumers the same way you would like to be treated if you were in the same situation.</p>

	<p>Regardless of where you work in the human service field, there are important specific values that underlie your work as a PSS. Consider that the people you serve may have had their lives affected by age, illness, or disability. You must pay special attention to how you treat them. Your attitude, behavior, and appearance are all a part of that.</p> <p>When you focus on the needs and interests of the people in the facility or home environment, you are being person-centered. If you want to know what a person wants to do, ask her. If you want to know what a person thinks of what you are doing, you should ask him. In order to really be person-centered at work, you need to listen to what people are telling you. Some people may not be able to use words to talk to you, but they can tell you what they think and feel by their actions.</p>
Professional Work Responsibilities	<p>PSSs often work in health care settings and with medical staff. <b><u>However, it is extremely important to always remember that PSSs are not clinical staff and cannot perform medical duties.</u></b> PSSs are administrative staff and work under a supervisor of administrative personnel. Your employer must provide you with a detailed job description, and your supervisor will tell you specifically which activities you can perform. Your employer may train you to perform additional duties that are not covered in this training but may be included in your job description. You should be fully informed about your responsibilities as a PSS from your employer. You must take time to become familiar with these responsibilities in order to accurately follow the regulations that apply to your job. Your employer participates in a heavily regulated industry. In this position, you will be entering into a legal relationship with the Consumer and your employer. Your responsibilities do not go away simply because you did not take the time to learn them. As the old saying goes:</p> <p style="text-align: center;"><b><u>"Ignorance of the law is no excuse."</u></b></p> <p>Another good rule of thumb to remember is to</p> <p style="text-align: center;"><b>NEVER</b></p>

	perform any activity that is not specifically part of your training and job description even if you think you understand how to do it, or are requested to do it by anyone, including your supervisor.
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 3: PROFESSIONALISM AND JOB-SEEKING SKILLS</b>	
TEXTBOOK SECTION	NOTES
What is a Professional?*	
What is a Work Ethic?*	
<ul style="list-style-type: none"> <li>Punctuality*</li> </ul>	<p>Always be punctual. When you are late for work, it shows a lack of responsibility and commitment to your job. It also may place an unfair burden on your coworkers who must cover your workload until you arrive and on the Consumer(s) who may not be able to function without your help.</p> <p><b>Organization</b></p> <ul style="list-style-type: none"> <li>Plan work activities to ensure services are provided at the appropriate times.</li> <li>Gather supplies and materials needed to provide services in a productive and timely manner.</li> <li>Maintain personal work area in a neat and orderly fashion.</li> </ul>
<ul style="list-style-type: none"> <li>Reliability*</li> </ul>	
<ul style="list-style-type: none"> <li>Accountability*</li> </ul>	
<ul style="list-style-type: none"> <li>Conscientiousness*</li> </ul>	<p>In reference to the sentence in the textbook “If you have not been shown how to do a procedure that you have been asked to do, show that you are interested in learning how.” A good rule of thumb is to remember your professional responsibilities and <b>NEVER</b> perform any activity that you have not been specifically trained to perform even if you think you understand how to do it, or are requested to do it by anyone, including your supervisor.</p> <p><b>ALWAYS STAY WITHIN YOUR SCOPE OF TRAINING.</b></p> <p>Performing tasks that are not in your job description and/or that you have not been trained for can cause harm to the Consumer and yourself. Legal issues may be involved. Always discuss with your supervisor if you are unsure if the task is within your Scope of Training or if you do not feel you have enough experience to perform the task.</p> <p>Make sure to use good judgement throughout your work day.</p>

<ul style="list-style-type: none"> <li>• Courtesy and Respectfulness*</li> </ul>	<ul style="list-style-type: none"> <li>• Set and model high standards of personal conduct.</li> <li>• Be patient when interacting with Consumers.</li> <li>• Be committed to the welfare of Consumers.</li> <li>• Part of being courteous to your Consumer's is to not bring your own problems in to work and to refrain from gossiping. The Consumers have enough to worry about without the added burden of any of your problems or complaints.</li> </ul>
<ul style="list-style-type: none"> <li>• Honesty*</li> </ul>	<ul style="list-style-type: none"> <li>• Always do your job and act with Integrity.</li> <li>• Make sure you fulfill the promises that you make to your coworkers and your Consumers.</li> </ul>
<ul style="list-style-type: none"> <li>• Cooperativeness*</li> </ul>	
<ul style="list-style-type: none"> <li>• Empathy*</li> </ul>	<ul style="list-style-type: none"> <li>• Be sensitive to Consumers' moods.</li> <li>• Be sensitive and take steps to interpret non-verbal cues as to what Consumers are thinking and feeling.</li> </ul>
<ul style="list-style-type: none"> <li>• A Desire to Learn*</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and understand what resources are available and seeks guidance when needed.</li> </ul>
<b>SUPPLEMENTAL INFORMATION</b>	
Prioritizing	<p>Health care environments are busy places with many different demands made on staff all at once. Most people have many needs, preferences, and requests. Sometimes there is more to be done than time allows. You will find that you can get more done and feel less pushed if you practice time management each day. Time management involves planning your day and organizing your time according to the priorities. Many occasions where staff are rushed or overburdened could be prevented with more efficient organization of the workday and setting aside time to get things done. This will prevent situations where important things do not get done before things that are not important. When the staff does not make distinctions between things that are urgent, important, and merely routine, duties may not be carried out satisfactorily, or at all. The urgent and important tasks should always be done first.</p> <p>The term "prioritization" means listing jobs or tasks in the order of importance. It's vital that staff prioritize their duties, so that Consumers are served in a timely fashion according to their needs. Thus, highly urgent tasks or services are completed first, or as needed, with those that are less urgent are carried out second.</p>

	<p>Prioritizing does not mean doing only those tasks that are urgent or “emergencies” but simply doing them first, completing them, and then moving on to less demanding tasks. All assigned tasks need to be done in a typical workday. It is a matter of putting them in an appropriate order on a daily basis. Some of the questions that you should ask yourself when setting priorities are:</p> <ul style="list-style-type: none"> <li>• Does the task involve a safety issue?</li> <li>• Does it affect the Consumer?</li> <li>• How many Consumers are affected by this task?</li> <li>• Is it a staff need?</li> <li>• Is it a sanitation issue?</li> </ul> <p><b>Home Care</b></p> <p>You may have to consult with the Consumer in order to prioritize your in-home visit. The Consumer’s priorities are very important when planning your time. Check to see if he/she has a list of activities for you to do upon your arrival.</p> <p><b>Organizing with the Consumer in Mind</b></p> <p>People need to know what is going to be happening in the next few hours, the next day, and the next week. Involvement in planning helps people to feel like they have a future to look forward to. It allows the person to have a sense of control over his/her own life. It is also a way to help staff focus on the work that is most important and to prioritize accordingly.</p>
Flexibility	<ul style="list-style-type: none"> <li>• Do not be thrown off balance by a need to change plans at the last minute.</li> <li>• Be able to juggle attention to Consumers and tasks effectively.</li> <li>• Adjust to working with a variety of professionals.</li> <li>• Accept change in policies and procedures which affect your work environment.</li> </ul>
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 5: COMMUNICATION SKILLS</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Communication Among Members of The Health Care Team*	
Reporting*	Follow your facility’s guidelines for written and verbal reports.
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 3: PROFESSIONALISM AND JOB-SEEKING SKILLS</b>	

TEXTBOOK SECTION	NOTES
<b>Personal Health and Hygiene*</b>	
♦ Maintaining Your Physical Health*	You cannot be under the influence of marijuana or any other recreational drugs or alcohol in the workplace.
♦ Maintaining Your Emotional Health*	Further discussion in Supplemental Information below.
♦ Personal Hygiene and Appearance*	<p>You must have good personal hygiene. You will work closely with Consumers. Bad breath or body odor (including strong deodorants, shampoos, cologne, or perfumes) will hurt your ability to perform your duties. An unclean body or clothes will also offend Consumers and may violate requirements for infection-free care. Your facility may have additional requirements for dress codes and personal appearance guidelines.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>Guidelines Box 3-1: Guidelines for a Professional Appearance*</li> </ul>
What Did You Learn?*	Questions 1, 8, 9, 10, 11, 12, 13 only
<b>SUPPLEMENTAL INFORMATION</b>	
Avoiding Excess Stress and Burnout	<p>No job is free from stress. All work brings responsibilities, problems, demands, and pressures. In normal circumstances stress is an unavoidable part of working life. A reasonable amount of pressure must be expected in any job.</p> <p>However, our ability to deal with pressures is not limitless. When the pressure is excessive and unrelenting it can become harmful and cause burnout. Performance drops and your health declines. This is why it is important that you understand how this can happen and what you can do to prevent it. You cannot remove all pressure from work, but you should understand and control the harmful levels of stress that may affect your performance on the job.</p> <p>Take care of your own emotional and physical well-being first. This is not selfish! You cannot do you best for anyone else unless you are in good shape yourself. Here are some tips:</p> <ul style="list-style-type: none"> <li>Avoid excessive caffeine, nicotine, and other stimulants, as these tend to heighten stress.</li> <li>Leave your work at work; don't take it home with you. Make a clear distinction between your work life and your personal life; neither should get in the way of the other.</li> </ul>

	<ul style="list-style-type: none"> <li>• Do not take on the problems of your Consumers. You must be a purposeful change agent, but you can't do it unless you maintain an appropriate professional distance.</li> <li>• Maintain and nurture your social supports on and off the job. Do not allow yourself to become isolated. On the job, talk with colleagues who share and understand what you are experiencing and feeling. Off the job, maintain contact with family and friends. Your life must be a balance of work and home/personal life. Maintain supportive relationships in all aspects of your life.</li> <li>• Make sure that you leave time in your life to "play," because this is a major way of recharging your batteries. This includes taking vacation time, using personal days when you need them, and using sick days when you are truly sick. You cannot do your best work if you are not rested, have not taken care of things important in your own life, and are not feeling well. Keeping both body and mind in good health is an important way of managing stress and avoiding burnout.</li> </ul>
<ul style="list-style-type: none"> <li>• What is Stress?</li> </ul>	<p>Stress is usually described as a person's reaction to demands, pressures, and expectations. Not all pressure is negative. People often are motivated to perform at their best by the challenges and difficulties (i.e., stress) in their lives.</p> <p>Most people are accustomed to minor signs and symptoms that indicate when they are stressed or "up-tight". Generally, these symptoms last only briefly and have little or no long-term effect. Occasionally, however, the effects of excessive stress can be both physical and psychological:</p> <ul style="list-style-type: none"> <li>• Physical effects include increased heart rate, headache, stomach ache, blurred vision, perspiring, dizziness, aching neck and shoulder muscles, clenched jaw, and skin rashes.</li> <li>• Behavioral effects include increased anxiety and irritability, "flying off the handle" easily, excess consumption of alcohol and other drugs, fitful sleeping, and poor concentration.</li> </ul> <p>As you can see, each one of these signs could also apply to a range of other health problems. That is why it is</p>

	<p>important to consult with a trained professional if severe stress is suspected.</p> <p>When relief from a stressful state is not available, or is of short duration before the next onslaught, the body has no time to repair and the stress becomes long lasting and more serious. Long-term problems emerge and recovery time, even with professional help, takes much longer.</p>
• Emotional Cues	<ul style="list-style-type: none"> <li>• Emotional exhaustion;</li> <li>• Low energy level, but sometimes an increase in physical activity level (agitation, driven, can't slow down);</li> <li>• Fatigue;</li> <li>• Irritability;</li> <li>• Difficulty thinking or concentrating on tasks at hand;</li> <li>• Loss of interest or pleasure in things usually enjoyed;</li> <li>• Depersonalization of the people in need of support;</li> <li>• Reduced sense of accomplishment ("what I do makes no difference");</li> <li>• Feelings of worthlessness; or</li> <li>• Feelings of guilt.</li> </ul>
• Biological Cues	<ul style="list-style-type: none"> <li>• Sleep disturbances (sleeping too little or sleeping too much);</li> <li>• Appetite disturbances (loss of appetite or overeating);</li> <li>• Weight changes (loss or gain);</li> <li>• Mood swings (e.g., getting sad at night when not occupied with other things);</li> <li>• Loss of interest in sexual activity;</li> <li>• Increased vulnerability to infections and colds; and</li> <li>• Deterioration in general health.</li> </ul>



## Module 5: Basic Human Needs

### Objectives

- Explain Maslow's Hierarchy of Human Needs.
- Discuss different cultures and religions you might encounter in the workplace.
- Explain how you can be mindful of the importance of each Consumer's culture and religion.
- Explain the importance of allowing Consumers to make their own choices and how you would handle choices they make that are not in their care plan.

### Key Terms

- Maslow's Hierarchy of Human Needs
- Family
- Culture
- Religion
- Individuality
- Choices
- Independence

### Content

REFERENCE TEXTBOOK: UNIT 1: CHAPTER 6 – THOSE WE CARE FOR	
TEXTBOOK SECTION	NOTES
<b>Basic Human Needs*</b>	
• Maslow's Hierarchy of Human Needs*	Include: <ul style="list-style-type: none"> <li>• Figure 6-12*</li> </ul>
• Physiological needs*	
• Safety and Security Needs*	
• Love and Belonging Needs*	
• Self-Esteem Needs*	
• Self-Actualization Needs*	
<b>Human Sexuality and Intimacy*</b>	
<b>Culture and Religion*</b>	
Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	Paragraphs 1 and 4 only
A Person's Family*	Paragraphs 1 and 2 only
What Did You Learn?*	Questions 2, 4, 5, 6, 7 only
<b>SUPPLEMENTAL INFORMATION</b>	
Individuality	Each Consumer you work with is an individual (a unique person) and should be treated as such. A Consumer may have the same diagnosis as somebody else, but they will not have the same life experience, family, personality, successes, or barriers. It is important to always keep this in mind. You should know the Consumers you work with well enough so that you can see them for who they were, who they are, and who they can be.

	<p>Every Consumer has individual strengths, abilities, and needs. Even those Consumers with similar appearance, age, and/or diagnoses may be significantly different from each other.</p>
Choices	<p>One of the ways that people gain control over their lives is to have choices about what they do, who they spend time with, where they go, and what they eat. Moving into a nursing or residential care facility or using home care does not remove a Consumer's right to choose. The Consumer should still make all the decisions or choices that he/she is able to make. Sometimes staff members think that a Consumer is not making a "good" choice. It may not be the choice that staff members would make, however, it is the right of the Consumer to make that choice. In addition, it is your job to support that choice – regardless of whether you agree with the decision or not – unless, the consequences of the choice would be dangerous for the Consumer.</p> <p>Some Consumers have been making their own choices all of their lives and would resent having staff members take over for them. Can you remember a time when someone told you what you had to do and it wasn't what you wanted to do? Imagine being told at the age of 83 you had to go back to your room because it is not time for supper. For many Consumers, sitting around the kitchen table was a place of socialization.</p> <p>Other Consumers have never really had the chance to make choices. They may have lived in institutions or been in families where other people made all of the choices. They may need help in learning how to make choices on their own. It is your job to be respectful of the Consumer's choice as long as they are not endangering themselves. Each individual needs to decide what they want to learn, to do, or to be.</p>
Independence	<p>People need help in certain areas of their lives. This does not mean that they need to have someone doing everything for them. It is important that Consumer's do as much for themselves as they can for as long as they can. For some Consumers, this will mean learning new skills to become more independent than they were before. For others, this will mean keeping their current skills for as long as they can. It may not seem very efficient at times, but having a Consumer get his own cup of coffee for as long as he is able to is highly</p>

	desirable. Promoting independence by encouraging Consumers to use the skills they already have is one of the important roles of staff in all work environments.
Behavior	<p>All human beings display behavior. Behavior consists of nothing more than actions displayed in response to stimuli. For example, you give a Consumer a cup of coffee. The Consumer drinks it. Your behavior was going and getting the coffee. In response to your offer, the Consumer displayed the behavior of the drinking the coffee. We see behavior everyday - at home and at work. Most of the time, the behavior is predictable and considered “appropriate” for the situation, so our expectations are satisfied.</p> <p>The PSS needs to identify and understand Consumer behavior and respond appropriately. Behavior is both purposeful and learned. A person does something in order to satisfy a need or desire. If that need or desire is satisfied, the person is more likely to repeat the behavior the next time the situation arises. Behavior is not considered positive or negative- it just “is” or exists. A Consumer may throw himself on the floor when he sees McDonald’s. He has learned that this behavior will cause his family to buy him a milkshake which satisfies his hunger needs. For this Consumer, “throwing himself on the floor” is an effective behavior because it satisfies a need. In care for Consumers, it is important for the PSS to avoid labeling behavior as “difficult”, “bad”, or “negative”. The challenge is to support the Consumer in getting their needs met in ways that do not prevent other people from meeting their own needs.</p> <p>Whatever behavior a Consumer exhibits, the PSS must respond appropriately. Some behavior may stimulate unpleasant feelings and emotions in you. You will have to find ways to control any urges to respond negatively to Consumers that anger you. A calm and caring response to Consumer behavior should have a positive effect on the situation and may give you an opportunity to better understand the Consumer’s behavior. The Consumer may have every reason to be angry. It may help to discuss the Consumer’s behavior with your supervisor. Your supervisor may be able to help you find ways to respond effectively both to the Consumer’s behavior and to your own reaction to it.</p>

# Module 6: Death and Dying

## Objectives

- Explain the Stages of Grief.
- Identify signs of approaching death.
- Discuss how you can help meeting the emotional needs of a dying person and their family.

## Key Terms

- Stages of Grief
- Palliative Care

## Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 5: CHAPTER 25 – CARING FOR PEOPLE WHO ARE TERMINALLY ILL</b>	
TEXTBOOK SECTION	NOTES
Stages of Grief*	Paragraphs 1-6 only Include: <ul style="list-style-type: none"> <li>• Table 25-1: Stages of Grief*</li> </ul>
Dying with Dignity*	
Hospice Care*	Start at Paragraph 2
Effects of Caring for the Terminally Ill on the Caregiver*	
What Did You Learn?*	All Questions
<b>REFERENCE TEXTBOOK: UNIT 5: CHAPTER 26 – CARING FOR PEOPLE WHO ARE DYING</b>	
TEXTBOOK SECTION	NOTES
What Will You Learn?*	
Signs of Approaching Death*	
Caring for a Dying Person*	Include: <ul style="list-style-type: none"> <li>• Box 26-1: The Dying Person's Bill of Rights*</li> </ul>
Meeting the Dying Person's Physical Needs*	
Meeting the Dying Person's Emotional Needs*	
<ul style="list-style-type: none"> <li>• Being a Good Listener*</li> </ul>	
<ul style="list-style-type: none"> <li>• Culture, Religion, and Spirituality*</li> </ul>	Include: <ul style="list-style-type: none"> <li>• Box 26-2: Common Death Rituals of Specific Cultural Groups*</li> </ul>

Care of the Family*	Paragraphs 1 and 2 only
<b>Tell the Nurse!*</b>	
What Did You Learn?*	Questions 1, 2, 4, 6 only

# Module 7: Communication

## Objectives

- Identify ways in which you can communicate effectively with your Consumers.
- Discuss how you can be a good listener.
- Explain the importance of Confidentiality and how it can impact your communication with friends, family, coworkers, and Consumers.
- Demonstrate Active Listening.
- Demonstrate using silence to aid in communication.
- Discuss and explain five blocks to communication.

## Key Terms

- Sender
- Receiver
- Feedback
- Active Listening
- Attending
- Reflecting
- Summarizing
- Initializing
- Validating
- Confirming

## Content

<b>!!! REMINDER !!!</b> <ul style="list-style-type: none"><li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li><li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li><li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li><li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li><li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li></ul>	
<b>REFERENCE TEXTBOOK: UNIT 1: CHAPTER 5 – COMMUNICATION SKILLS</b>	
TEXTBOOK SECTION	NOTES
What is Communication?*	Always keep in mind that all staff-to-Consumer communication is privileged and confidential. Health care and human service workers must respect the privacy of communications with Consumers, regardless of whether they are spoken or written.
	NOTE: While communication with the Consumer's family and friends is important, you cannot reveal personal and/or confidential information (even to family members) without the Consumer's written permission. Ask your supervisor for guidance if you are unsure about what you can discuss.
Communicating Effectively*	PSSs cannot "teach".
Tactics that Enhance Communication*	There are some factors that can prepare the way for your interaction with another person. These can

	<p>increase the chances that your communication will go the way you would like. Here are some examples:</p> <ul style="list-style-type: none"> <li>• Avoid using endearments like, “honey”, “dear”, “sweetie”, etc.</li> <li>• Always knock on the door to a Consumer’s room or house before entering, even if the Consumer cannot verbally respond or is watching you approach. Knocking acknowledges that the room is their space and home. It also conveys a sense of respect for their privacy and dignity.</li> <li>• Choose an appropriate place for the type of conversation or visit you plan to have with the Consumer. If you are just greeting the Consumer, a day room or porch setting is appropriate if that is where they are sitting. If you need to discuss personal information, find a setting with privacy and few distractions. The setting in which communication occurs directly impacts the nature of the interaction.</li> </ul>
<ul style="list-style-type: none"> <li>• When You Are the Receiver, Be a Good Listener*</li> </ul>	<p>Some Basic Active Listening Do’s and Don’ts</p> <ul style="list-style-type: none"> <li>• Hold your own biases and prejudices in check.</li> <li>• Concentrate on what is said.</li> <li>• Listen for what is not being said.</li> <li>• Minimize background noises.</li> <li>• Put yourself in the Consumer’s shoes – be empathetic.</li> <li>• Do not try to do other things, such as write memo’s, or checking your cell phone while listening.</li> <li>• Identify emotional content of message.</li> <li>• Do not jump to conclusions or give advice.</li> <li>• Do not try to talk and listen at the same time.</li> </ul>
<ul style="list-style-type: none"> <li>• When You Are the Sender, Make Sure Your Message Is Clear*</li> </ul>	
<ul style="list-style-type: none"> <li>• Learn Techniques for Encouraging People to Talk*</li> </ul>	<p>Silence is an effective tool for encouraging communication, active listening, and providing comfort. Learning to be silent instead of instantly responding can be difficult but very useful.</p>
<ul style="list-style-type: none"> <li>• Provide and Seek Feedback*</li> </ul>	
<ul style="list-style-type: none"> <li>• Be Mindful of Your Body Language and Tone of Voice*</li> </ul>	
<ul style="list-style-type: none"> <li>• Blocks to Effective Communication*</li> </ul>	<p>Below are several more blocks to effective communication that can be very natural and easy to slip into without being aware of what you are doing. Some</p>

	<p>of these barriers represent ways we have of protecting ourselves or of controlling conversations. They are not appropriate in your role as a health care or human services worker.</p> <p><b>Changing the Subject</b></p> <ul style="list-style-type: none"> <li>• Even when a topic is uncomfortable for you it is not acceptable to change the subject.</li> <li>• If a Consumer wants to talk about death and dying or about how much he misses his wife who has passed away, do not change the subject because you find the topic sad or depressing.</li> <li>• Sometimes a Consumer may need to express her anger towards her daughter. Hearing this makes you uncomfortable because you know the daughter. Your role as a staff member is to listen and hear the Consumer's position. You are NOT in a position to defend the daughter.</li> <li>• Whenever there is a time when you cannot maintain an objective perspective, discuss your concerns with your supervisor.</li> </ul> <p><b>Offering False Hope and Reassurances</b></p> <ul style="list-style-type: none"> <li>• When a Consumer says she hopes her doctor (son, daughter, etc.) comes soon, refrain from saying, "I'm sure he will." Be positive the statement you make is accurate before you speak.</li> <li>• If a Consumer tells you, "I hope I get over this problem soon or I don't know what I will do!" It is improper to say something such as "I'm sure everything will work out fine."</li> <li>• A PSS should also avoid statements such as "It is not good to think about things like that."</li> </ul> <p><b>Selective Hearing</b></p> <p>Be sure not to tune out problem statements.</p> <ul style="list-style-type: none"> <li>• If a Consumer states "the other staff don't treat me very well, but I'm managing to take it one day at a time." It would be improper to respond, "Well, you know they have a big job to do and can't please everyone."</li> <li>• If a Consumer tells you "I never get bathed and dressed in time for the morning craft class." It is improper to response "I'm sure the other staff</li> </ul>
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	<p>members work as fast as they can. This is a big facility and someone has to be at the end of the schedule.”</p> <p><b>Assuming the Role of “Neighborhood Friend”</b></p> <p>Always remember to remain professional when someone is revealing personal information.</p> <ul style="list-style-type: none"> <li>• If a Consumer describes her physical problems, do not say, "My grandmother had that and. . . ."</li> <li>• If a Consumer confides in you, your response should not be “I know what you're talking about,” and proceed to tell the person all about your situation.</li> <li>• Both of these responses do not reflect what is important to the Consumer, instead they shift the focus of the conversation to you and what is important to you.</li> </ul> <p><b>Allowing the Other Staff to Monopolize Your Time</b></p> <p>Although cultivating a good working relationship with other staff members is very important, your job is to work with the Consumers. Your coworkers can, either consciously or unconsciously, take up much of your time. Be sure your conversations with your coworkers are purposeful, not just friendly chat sessions which can limit the amount of time you have with your Consumers.</p>
Conflict Resolution*	
What Did You Learn?*	Questions 1, 2, 3, 4, 5, 6, 10 only

## Module 8: Special Considerations

### Objectives

- Describe the "4 As" of dementia.
- Discuss behaviors associated with dementia and how you might manage them in the workplace.
- Identify ways to care for a person with dementia.
- Describe the effects of caring for a person with dementia on the caregiver and ideas for your personal self-care.
- Discuss the difference between physical therapy, occupational therapy, and speech-language therapists.
- Identify methods of communicating with Consumers with developmental disabilities.
- Identify methods of caring for Consumers with mental illness.
- Describe some ways to help meet the emotional needs of Consumers with cancer.
- Describe some ways to help meet the emotional needs of Consumers with HIV/AIDs.
- Describe some complications that can arise following surgery and how you can help manage them.
- Discuss the different needs of a school-age child versus an adolescent.

### Key Terms

- TEDs
- NPOs
- Ambulation
- Dementia
- Alzheimer's Disease
- Sundowning
- Elimination
- PT/OT/Speech
- Protection of Rights

### Content

!!! REMINDER !!!	
<ul style="list-style-type: none"><li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li><li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li><li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li><li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li><li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li></ul>	
REFERENCE TEXTBOOK: UNIT 2: CHAPTER 9 – CARING FOR PEOPLE WITH DEMENTIA	
TEXTBOOK SECTION	NOTES
Dementia	
♦ What Will You Learn?*	
♦ What is Dementia?*	Include: <ul style="list-style-type: none"><li>• Box 9-1: Stage of Dementia*</li></ul>
♦ Tell the Nurse!*	
♦ Alzheimer's Disease*	
♦ Vascular Dementia*	This may include Consumers who have had strokes or traumatic brain injuries (TBIs).

• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Frontotemporal Dementia*	This may include Consumers who have had strokes or TBIs.
• The "4 As" of Dementia*	
• Amnesia*	
• Short-Term Memory Loss*	
• Long-Term Memory Loss*	<p>Disregard the following sentence from the textbook, it is never appropriate to lie to a Consumer.</p> <ul style="list-style-type: none"> <li>• DISREGARD: "Instead of telling Mrs. Pyne the truth, which is likely to cause her significant emotional distress, you could respond by suggesting that she have a little snack in the dining room while she waits because her father is going to be late."</li> <li>• Instead consider using redirection without the lie.</li> </ul>
• Aphasia*	
• Expressive Aphasia*	
• Receptive Aphasia*	
• Agnosia*	
• Difficulty Recognizing Objects*	
• Difficulty Recognizing People*	
• Apraxia*	
• Behaviors Associated with Dementia*	
• Wandering*	
• Pacing*	
• Repetition*	
• Rummaging*	
• Delusions and Hallucinations*	
• Agitation*	
• Catastrophic Reactions*	
• Sundowning*	
• Inappropriate Sexual Behaviors*	PSSs should be aware that Consumers are allowed to masturbate. Facility policy and the Consumer's care plan should help the PSS know where it is acceptable for the Consumer to do this.
• Managing Difficult Behaviors*	NOTE: It is not within the PSSs Scope of Training to medically determine the cause of the behavior.

	<p>Report any changes in behavior to your supervisor.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Box 9-2: Situations That Can Cause Dementia-Related Behaviors*</li> <li>• Table 9-1: Reality Orientation Versus Validation Therapy*</li> </ul> <p><b>Challenging Behavior</b></p> <p>Sometimes, a Consumer's behavior may not be predictable or seem appropriate to you. These behaviors can be difficult to deal with. At times, you may not know what certain behaviors mean or why the Consumer is behaving that way. Seek the help and guidance of your supervisor and refer to the Consumer's care plan.</p> <p><b>Annoying Behaviors</b></p> <p>Provocative, repetitive, nuisance behaviors exhibited by a Consumer that can be difficult and time-consuming. These types of behaviors usually do not compromise safety or threaten injury. Some examples might be:</p> <ul style="list-style-type: none"> <li>• Provoking other Consumers to create a reaction.</li> <li>• Asking staff the same question over and over.</li> <li>• Engaging in behaviors that demand staff attention.</li> <li>• Complaining of imaginary illnesses or discomforts.</li> <li>• Breaking rules repeatedly for effect.</li> <li>• Repeatedly telling lengthy stories of personal misfortune.</li> <li>• Making repetitive gestures or noises.</li> </ul> <p><b>Aggressive Behaviors</b></p> <p>Aggressive behaviors are those in which the Consumer is experiencing such internal discomfort that they are out of control. These behaviors are sometimes called a crisis or "melt down". There are many types of aggressive behavior. No matter what type it is or what it is called, aggressive behavior can be potentially dangerous and serious. Examples include:</p> <ul style="list-style-type: none"> <li>• A Consumer may become abusive to himself and bite his arm until it bleeds.</li> <li>• A Consumer may throw furniture or other items.</li> </ul>
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	<ul style="list-style-type: none"> <li>• A Consumer may stand, scream, and then run away.</li> <li>• A Consumer may be using a weapon such as a knife or piece of broken glass in a threatening manner.</li> </ul> <p>The reason for such actions may be unknown to the staff. However, some common purposes of this type of behavior are to:</p> <ul style="list-style-type: none"> <li>• Draw attention to the Consumer.</li> <li>• Engage staff and others in interaction.</li> <li>• Cause staff to do something they otherwise would not do.</li> <li>• Gain sympathy.</li> <li>• Test the impact of the Consumer's behavior.</li> <li>• Add interest to situations that seem meaningless.</li> <li>• Provide self-stimulation.</li> <li>• Respond to an inner stimulus or feeling.</li> <li>• Be a symptom of an underlying medical disorder.</li> </ul> <p><b>Interventions</b></p> <p>How staff members react can determine the length and severity of the outcome. Your thoughtful response can have a large impact. Your facility will provide any specialty training you may need to work with their Consumer population.</p>
Caring for a Person with Dementia*	<p>Include:</p> <ul style="list-style-type: none"> <li>• Guidelines Box 9-1: Guidelines for Caring for a Person with Dementia*</li> </ul>
• Meeting the Physical Needs of a Person with Dementia*	
• Assisting with Bathing*	
• Assisting with Dressing*	
• Assisting with Eating*	Paragraph 1 only
• Assisting with Elimination*	
• Meeting the Emotional Needs of a Person with Dementia*	<p>Several approaches that may be within the Consumer's care plan are listed below and further details can be found in the textbook under the following headings:</p> <ul style="list-style-type: none"> <li>• Reminiscence Therapy</li> <li>• Activity Therapy</li> <li>• Music Therapy</li> <li>• Pet Therapy</li> </ul>

• Caring for the Person with Late-Stage Dementia*	
• Effects on the Caregiver of Caring for the Person with Dementia*	It is very important for the PSS to remember self-care.
What Did You Learn?*	Questions 1, 2, 3, 5, 6, 7, 8, 9, 10 only
<b>REFERENCE TEXTBOOK: UNIT 7: CHAPTER 38 – CARING FOR PEOPLE WITH REHABILITATION NEEDS</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Caring for Consumers with Rehabilitation Needs	
• What Will You Learn?*	
• Types of Rehabilitation*	
• Physical Therapy*	
• Occupational Therapy*	
• Speech-Language Pathology*	
• Emotional Rehabilitation*	Your facility will train you on additional steps you must take if a Consumer talks about, or mentions, that they are thinking of committing suicide.
• Tell the Nurse!*	
<b>REFERENCE TEXTBOOK: UNIT 7: CHAPTER 39 – CARING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Caring for Consumers with Developmental Disabilities	
• What Will You Learn?*	
• What is a Developmental Disability?*	Include: <ul style="list-style-type: none"> <li>• Box 39-1: Common Causes of Developmental Disabilities*</li> </ul>
• Protection of Rights*	
• Types of Developmental Disabilities*	
• Intellectual Disabilities*	Paragraph 1 through bullets only
• Down Syndrome*	
• Autism*	
• Cerebral Palsy*	
• Fragile X Syndrome*	
• Fetal Alcohol Syndrome*	
• Spina Bifida*	
• Communicating with a Person with a Developmental Disability*	
• Tell the Nurse!*	

• Meeting the Physical Needs of a Person with a Developmental Disability*	
• Assisting the Person with ADLs*	
What Did You Learn?*	Questions 1, 2, 3, 4, 5, 6, 7, 8, 9 only
<b>REFERENCE TEXTBOOK: UNIT 7: CHAPTER 40 – CARING FOR PEOPLE WITH MENTAL ILLNESS</b>	
TEXTBOOK SECTION	NOTES
<b>Caring for Consumers with Mental Illness</b>	
• What Will You Learn?*	
• Types of Mental Illness*	
• Anxiety Disorders*	
• Panic Disorder*	
• Obsessive-Compulsive Disorder*	
• Phobias*	
• Post-traumatic Stress Disorder (PTSD)*	
• Mood Disorders*	
• Depression*	
• Bipolar Disorder*	
• Schizophrenia*	
• Substance Abuse Disorders and Addiction*	
• Eating Disorders*	
• Anorexia Nervosa*	
• Bulimia Nervosa*	
• Binge-Eating Disorder*	
• Caring for a Person with Mental Illness*	
• Listening and Observing*	Remember only a licensed medical professional can assess and diagnose. The PSSs is responsible to observe and report but <b>NEVER</b> to assess/diagnose.
• Assisting with ADLs*	
• Concerns for Long-Term Care*	
• Tell the Nurse!*	
What Did You Learn?*	Questions 1, 2, 3, 4, 5, 6, 7 only
Matching*	Exclude 7 and 8
<b>REFERENCE TEXTBOOK: UNIT 7: CHAPTER 41 – CARING FOR PEOPLE WITH CANCER</b>	
TEXTBOOK SECTION	NOTES

Caring for Consumers with Cancer*	
• What is Cancer?*	
• Types of Cancer*	
• Warning Signs of Cancer*	
• Treatment of Cancer*	
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Meeting the Physical Needs of a Person with Cancer*	
• Managing Pain*	
• Managing Side Effects of Treatment*	
• Tell the Nurse!*	
• Meeting the Emotional Needs of a Person with Cancer*	
REFERENCE TEXTBOOK: UNIT 7: CHAPTER 42 – CARING FOR PEOPLE WITH HIV/AIDS	
TEXTBOOK SECTION	NOTES
Caring for Consumers with HIV/AIDS*	
• What Will You Learn?*	Background from Chapter 11: <i>Bloodborne and Airborne Pathogens</i> , p. 155: “The body then becomes unable to recognize and fight off infections, leading to the condition known as AIDS. People with AIDS do not die from the virus itself. They die from infections that the body is no longer able to fight. To date, there is no cure for AIDS and no vaccine for HIV.”
• What is AIDS?*	
• Tell the Nurse?*	
• Who is at Risk for HIV/AIDS?*	
• Protection of Rights*	
• Meeting the Physical Needs of a Person with AIDS*	
• Meeting the Emotional Needs of a Person with AIDS*	
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
What Did You Learn?*	Questions 1, 2, 3, 4, 5 only
REFERENCE TEXTBOOK: UNIT 8: CHAPTER 43 – CARING FOR SURGICAL PATIENTS	
TEXTBOOK SECTION	NOTES
Caring for Surgical Patients	
• Care of the Pre-Operative Patient*	



• Emotional Preparation*	Paragraph 1 only
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• In the Days Leading Up to the Surgery*	
• The Evening Before the Surgery*	
• Care of the Post-Operative Patient*	Last two paragraphs only.
• Preventing Complications*	
• Respiratory Complications*	
• Cardiovascular Complications*	
• Anti-Embolism (TED) Stockings*	
• Tell the Nurse!*	
• Assisting with Positioning*	
• Assisting with Nutrition*	
• Assisting with Elimination*	
• Assisting with Hygiene*	
• Assisting with Walking (Ambulation)*	
What Did You Learn?*	Questions 2, 3, 4, 8 only
<b>REFERENCE TEXTBOOK: UNIT 8: CHAPTER 45 – CARING FOR PEDIATRIC PATIENTS</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Caring for Children	<p>“Although many of the procedures used to provide physical care to a child are very similar to those used with adults, it is very important to remember that children are not simply “little adults”. p. 821</p> <p>Start with Paragraph 3 “Think also about the effect a child’s illness has on the family as a whole...”</p>
• Caring for School Age Children*	
• Meeting the School-Age Child’s Physical Needs*	
• Meeting the School-Age Child’s Emotional Needs*	Paragraph 1 only
• Meeting the School-Age Child’s Need for Safety*	
• Caring for Adolescents*	
• Meeting the Adolescent’s Physical Needs*	
• Meeting the Adolescent’s Emotional Needs*	

• Meeting the Adolescent’s Need for Safety*	
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## Module 9: The Human Body

### Objectives

- Describe the stages of pressure ulcers.
- Explain your role in helping to prevent pressure ulcers.
- Describe the signs of hypoglycemia and hyperglycemia.
- Discuss four scenarios when you should notify your supervisor of a potential issue with a Consumer's body system.
- Discuss different strategies for communicating with a person who has a hearing deficit.

### Key Terms

- Pressure Ulcers
- Hypoglycemia
- Hyperglycemia
- Diabetes Mellitus

### Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 28 – THE INTEGUMENTARY SYSTEM</b>	
TEXTBOOK SECTION	NOTES
The Integumentary System	
• What Will You Learn?*	Instructors: Use Paragraph 1 as an introductory overview only.
• Tell the Nurse!*	
• Fragile, Dry Skin*	
• Less Efficient Temperature Regulation*	
• Disorders of the Integumentary System*	
• Pressure Ulcers*	
• Stages of Pressure Ulcers*	
• The Nursing Assistant's Role in Preventing Pressure Ulcers*	
• Tell the Nurse!*	
• Lesions*	Paragraphs 1, 2, 3 only
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 29 – THE MUSCULOSKELETAL SYSTEM</b>	
TEXTBOOK SECTION	NOTES
The Musculoskeletal System	Include:

	<ul style="list-style-type: none"> <li>Table 29-1: Words to Describe Movement*</li> </ul>
<ul style="list-style-type: none"> <li>The Effects of Aging on the Musculoskeletal System*</li> </ul>	
<ul style="list-style-type: none"> <li>Loss of Muscle Mass*</li> </ul>	
<ul style="list-style-type: none"> <li>Wear and Tear on the Joints*</li> </ul>	
Disorders of the Musculoskeletal System*	
<ul style="list-style-type: none"> <li>Osteoporosis*</li> </ul>	
<ul style="list-style-type: none"> <li>Arthritis*</li> </ul>	
<ul style="list-style-type: none"> <li>Osteoarthritis*</li> </ul>	
<ul style="list-style-type: none"> <li>Rheumatoid Arthritis*</li> </ul>	
<ul style="list-style-type: none"> <li>Gout*</li> </ul>	
<ul style="list-style-type: none"> <li>Fractures*</li> </ul>	Include: <ul style="list-style-type: none"> <li>Guidelines Box 29-1: Guidelines for Caring for a Person with a Cast*</li> </ul>
<ul style="list-style-type: none"> <li>Hip Fractures*</li> </ul>	
<ul style="list-style-type: none"> <li>Amputations*</li> </ul>	
<ul style="list-style-type: none"> <li>Tell the Nurse!*</li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 30 – THE RESPIRATORY SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Respiratory System	
<ul style="list-style-type: none"> <li>Pneumonia*</li> </ul>	
<ul style="list-style-type: none"> <li>Bronchitis*</li> </ul>	
<ul style="list-style-type: none"> <li>Influenza*</li> </ul>	
<ul style="list-style-type: none"> <li>Asthma*</li> </ul>	
<ul style="list-style-type: none"> <li>Chronic Obstructive Pulmonary Disease (COPD)*</li> </ul>	
<ul style="list-style-type: none"> <li>Emphysema*</li> </ul>	
<ul style="list-style-type: none"> <li>Chronic Bronchitis*</li> </ul>	
<ul style="list-style-type: none"> <li>Helping Hands and a Caring Hearth: Focus on Humanistic Health Care*</li> </ul>	
<ul style="list-style-type: none"> <li>Oxygen Therapy*</li> </ul>	NOTE: It is up to each facility to determine if their PSSs can work with oxygen therapy. Include: <ul style="list-style-type: none"> <li>Guidelines Box 30-2: Guidelines for Oxygen Therapy*</li> </ul>
<ul style="list-style-type: none"> <li>Tracheostomy*</li> </ul>	NOTE: It is up to each facility to determine if their PSSs can work with established tracheostomies.
<ul style="list-style-type: none"> <li>Promoting Comfort*</li> </ul>	Include: <ul style="list-style-type: none"> <li>Figure 30-21*</li> </ul>

♦ Tell the Nurse!*	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 31 – THE CARDIOVASCULAR SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Cardiovascular System	
♦ Structure of the Cardiovascular System*	
♦ Tell the Nurse!*	
♦ Anti-embolism (TED) Stockings*	NOTE: TEDs can only be used with a Doctor's order.
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 32 – THE NERVOUS SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Nervous System	
♦ What Will You Learn?*	
♦ Transient Ischemic Attacks (TIAs)*	
♦ Stroke*	
♦ Causes of Stroke*	
♦ Effects of Stroke*	
♦ Parkinson's Disease*	
♦ Effects of Parkinson's Disease*	
♦ Epilepsy*	
♦ Multiple Sclerosis (MS)*	
♦ Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease)*	
♦ Head Injuries*	
♦ Spinal Cord Injuries*	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 33 – THE SENSORY SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Sensory System	
♦ Conjunctivitis ("Pink Eye")*	
♦ Guidelines Box 33-1: Guidelines for Caring for a Person Who Is Blind*	
♦ Caring for Eyeglasses, Contact Lenses, and Prosthetic Eyes*	
♦ Eyeglasses*	
♦ Contact Lenses*	
♦ Function of the Ear*	
♦ Hearing*	
♦ Balance*	
♦ The Effects of Aging on the Ear*	

• Deafness*	
• Communicating with a Person Who Has a Hearing Deficit*	
• Hearing Aids*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 33-2: Guidelines for Caring for Hearing Aids*</li> </ul>
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 34 – THE ENDOCRINE SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Endocrine System	
• Diabetes Mellitus*	
• Types of Diabetes Mellitus*	
• Type 1 Diabetes Mellitus*	
• Type 2 Diabetes*	
• Management of Diabetes Mellitus*	Include: <ul style="list-style-type: none"> <li>Box 34-1: Hypoglycemia and Hyperglycemia*</li> </ul>
• Diet*	
• Exercise*	
• Medication*	
• Tell the Nurse!*	
• Complications of Diabetes*	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 36 – THE URINARY SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Urinary System	
• Infection of the bladder (cystitis)	Bullet point two under “Infections”.
• Tell the Nurse!*	
<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 37 – THE REPRODUCTIVE SYSTEM</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
The Reproductive System	
• Tell the Nurse!*	
• Tell the Nurse!*	
• Sexually Transmitted Infections*	
• Types of Sexually Transmitted Infections*	
<b>FOR MORE DETAILED INFORMATION ON BODY SYSTEMS PLEASE REFER TO REFERENCE TEXTBOOK UNIT 6.</b>	

# Module 10: ADLs and IADLs

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## Objectives

- Explain your role in maintaining a Consumer's privacy.
- Describe proper food handling.
- Discuss the physical and emotional benefits of rest and sleep.
- Explain different ways Consumers can respond to pain.
- Discuss how you might be able to recognize that a person is in pain and what you would do.
- Discuss some of the special procedures involved in caring for a Consumer who is diabetic.
- Explain how you would use a food label to help insure that a Consumer maintained their low sodium diet.
- Explain how to measure intake and output.
- Describe ways to help manage urinary incontinence.
- Identify problems a Consumer might encounter with bowel elimination.
- Explain your legal and ethical responsibilities when shopping or managing money for a Consumer.

## Key Terms

- |                      |                 |
|----------------------|-----------------|
| • Privacy            | • Special Diets |
| • Hygiene            | • I/O           |
| • Sleep Apnea        | • Hydration     |
| • Pain               | • Catheters     |
| • Dentures           | • Incontinence  |
| • Diabetic Foot Care | • Ostomy        |
| • Food Labels        |                 |

## Definitions

- ♦ Bed Mobility
  - How the Consumer moves to and from lying position, turns side to side, and positions body while in bed.
- ♦ Locomotion
  - How the Consumer moves between locations, within the room and other areas. If the person is in a wheelchair, self-sufficiency once in the chair.
- ♦ Eating
  - How the Consumer eats and drinks (regardless of skill).
- ♦ Toilet Use
  - How the Consumer uses the toilet room (or commode, bedpan, urinal). cleanses, changes pad, manages ostomy or catheter, and adjusts clothes.
- ♦ Bathing
  - How the Consumer takes full-body bath/shower, sponge bath and (excluding washing of back and hair).

- ♦ Dressing
  - ♦ How the Consumer puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis.

## Content

<b>!!! REMINDER !!!</b>	
<ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>	
TEXTBOOK SECTION	NOTES
Following Procedures*	Include: <ul style="list-style-type: none"> <li>• Guidelines Box 12-2: Guidelines for Getting Ready (Pre-Proc Actions) WEAVERS*</li> <li>• Guidelines Box 12-3: Guidelines for Finishing Up (Post-Proc Actions) ALSO Wash &amp; Document*</li> </ul>
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 16– THE PATIENT OR RESIDENT ENVIRONMENT</b>	
TEXTBOOK SECTION	NOTES
Environment	
♦ What Will You Learn?*	
♦ Ensuring Comfort*	
♦ Cleanliness*	
♦ Odor Control*	
♦ Ventilation*	
♦ Room Temperature*	
♦ Lighting*	
♦ Noise Control*	
♦ Privacy Curtains and Room Dividers*	
♦ Adapting the Environment to the Individual*	
♦ Helping Hands and a Caring Heart: Focus on Humanistic Approach Health Care*	
♦ Tell the Nurse!*	
What Did You Learn?*	Questions 1, 2, 7 only
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 18 – BEDMAKING</b>	
TEXTBOOK SECTION	NOTES



Bedmaking	
• What Will You Learn?*	
• Linens and Other Supplies for Bedmaking*	
• Mattress Pads*	
• Bottom and Top Sheets*	
• Draw Sheets*	
• Bed Protectors*	
• Blankets*	
• Bedspreads*	
• Pillows and Pillowcases*	
• Bath Blankets*	
• Handling of Linens*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 18-1: Guidelines for Handling Linens*</li> </ul>
• Standard Bedmaking Techniques*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 18-2: Guidelines for Bedmaking*</li> </ul>
• Closed (Unoccupied) Beds*	
• Occupied Beds*	
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
What Did You Learn?*	Questions 1, 2, 3, 4, 5, 7, 8 only
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 47: SAFETY AND INFECTION CONTROL IN THE HOME HEALTH CARE SETTING</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
ADLs and IADLs in the Home Setting	
• Cleaning Equipment and Household Surfaces*	Your facility will train you on: <ul style="list-style-type: none"> <li>how to properly clean and dispose of hazardous materials including those that might be contaminated with bodily fluids.</li> <li>how to respond to exposure to containment substances.</li> </ul>
• Handling Food Properly*	
• Assisting Clients with Personal Hygiene*	
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 19: VITAL SIGNS, HEIGHT, AND WEIGHT</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Vital Signs, Height, and Weight	
• What Will You Learn?*	

• What do Vital Signs Tell Us?*	It is up to each facility to determine if their PSSs can take vital signs. The facility will train the PSS in how to take and report vital signs if it is applicable to their job.
• Body Temperature*	
• Pulse*	Paragraph 1 – Bullet 1 only Include: • Figure 19-9*
• Respiration*	
• Blood Pressure*	Paragraphs 1 and 3 only
• Height and Weight*	
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 20: COMFORT AND REST</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Comfort and Rest	
• What Will You Learn?*	
• Physical and Emotional Benefits of Rest and Sleep*	
• Factors that Can Affect Sleep*	
• Environment*	
• Pain and Chronic Conditions*	
• Emotional Concerns*	
• Concerns for Long-Term Care*	
• Sleep Disorders*	
• Insomnia*	
• Sleep Apnea*	
• Tell the Nurse!*	
• The Nursing Assistant's Role in Promoting Rest and Sleep*	
• Tell the Nurse!*	
• Pain*	
• How People Respond to Pain*	
• Recognizing and Reporting Pain*	Include: • BLE 20-1: Pain Scales*
• Heat and Cold Applications*	Include: • Table 20-2: Uses of Heat and Cold Applications*
	NOTE: Follow your facility's policies and procedures on hot and cold applications. Many times these can only be used with a Doctor's order.
• Heat Applications*	

• Cold Applications*	
• The Nursing Assistant's Role in Managing Pain*	It is up to each facility to determine if their PSSs can perform back massages. The facility will train the PSS in back massage techniques if it is applicable to their job.
What Did You Learn?*	Questions 2, 3, 5, 7, 8, 9, 10 only
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 21: CLEANLINESS AND HYGIENE</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Cleanliness and Hygiene	
• What Will You Learn?*	
• The Benefits of Personal Hygiene*	
• Scheduling of Routine Care*	
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Concerns for Long-Term Care*	
• Assisting with Oral Care*	
• Tell the Nurse!*	
• Providing Oral Care for a Person with Natural Teeth*	
• Providing Oral Care for a Person with Dentures*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 21-1: Guidelines for Providing Oral Care for a Person with Dentures*</li> </ul>
• Assisting with Perineal Care*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 21-3: Guidelines for Providing Perineal Care*</li> </ul>
	NOTE: BARRIER CREAMS/OINTMENTS: Many barrier creams are used under doctor's orders.
• Tell the Nurse!*	
• Providing Perineal Care for Female Patients and Residents*	
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Providing Perineal Care for Male Patients and Residents*	
• Assisting with Skin Care*	
• Bathing*	
• Supplies for Bathing*	BODY POWDER: Refer to facility policies about use of body powder around oxygen
• Standard Bathing Techniques*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 21-4: Guidelines for Bathing*</li> </ul>
• Tell the Nurse!*	

• Shower or Tub Baths*	
• Bed Baths*	Paragraph 1 and Figure 21-8* only
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Tell the Nurse!*	
What Did You Learn?*	Questions 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 only
Matching	Matching 1-6 only
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 22: GROOMING</b>	
<b>TEXTBOOK SECTION</b>	<b>NOTES</b>
Grooming	
• What Will You Learn?*	Paragraph 1 until <i>Helping Hands and a Caring Heart: Focus on Humanistic Health Care</i> only
• Assisting with Hand and Foot Care*	<b>PSSs CANNOT clip the toenails of a Consumer with Diabetes</b>
• Care of the Hands*	Paragraphs 1 through 3 only
	NOTE: It is up to each facility to determine if their PSSs can clip nails.
• Care of the Feet*	NOTE: It is up to each facility to determine if their PSSs can clip nails of non-Diabetic Consumers. NOTE: DIABETIC CONSUMERS - NEVER apply moisturizer between the toes of diabetic Consumers.
• Tell the Nurse!*	
• Assisting with Dressing and Undressing*	
• Concerns for Long-Term Care*	
• Assisting with Hair Care*	Paragraphs 1 and 2 only
• Tell the Nurse!*	
• Shampooing the Hair*	
• Styling the Hair*	
• Preventing Tangles*	
• Assisting with Shaving*	
• Assisting Men*	
• Assisting Women*	
• Assisting with the Application of Make-Up*	
What Did You Learn?*	Questions 1, 2, 3, 5, 6, 7, 8, 10, 11 only
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 23: BASIC NUTRITION</b>	

TEXTBOOK SECTION	NOTES
<b>Basic Nutrition</b>	
♦ What Will You Learn?*	
♦ A Balanced Diet*	
♦ MyPlate*	
♦ Concerns for Long-Term Care*	
♦ Food Labels*	
♦ Factors that Affect Food Choices and Eating Habits*	
♦ Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
♦ Special Diets*	Include: <ul style="list-style-type: none"> <li>Box 23-2: Types of Special Diets*</li> </ul>
♦ Meal Time*	Start with Paragraph beginning "Box 23-1..." p. 448
♦ Preparing for Meal Time*	
♦ Assisting the Person to Eat*	
♦ Feeding Dependent Patients and Residents*	NOTE: PSSs will not be feeding dependent people without additional training and certification. Use Steps 1-11 and 16-20 ONLY.
♦ Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
♦ Measuring and Recording Food Intake*	
♦ Enteral Nutrition*	NOTE: It is up to each facility to determine if their PSSs can feed via established gastrostomy tubes or percutaneous endoscopic gastrostomy (PEG) tubes. PSS <b>CANNOT</b> feed via nasal gastric tubes. Refer to PSS Scope of Training.
♦ Tell the Nurse!*	
♦ Fluids and Hydration*	
♦ Fluid Balance*	
♦ Offering Fluids*	Last paragraph on NPO only.
♦ Measuring and Recording Intake and Output*	
♦ Measuring Fluid Intake*	
♦ Measuring Fluid Output*	
What Did You Learn?*	Questions 1, 2, 4, 5, 6, 8, 11, 12, 13 only
Matching*	
<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 24: ASSISTING WITH URINARY AND BOWEL ELIMINATION</b>	
TEXTBOOK SECTION	NOTES
<b>Assisting with Urinary and Bowel Elimination</b>	

• What Will You Learn?*	
• Assisting with Elimination*	
• Elimination Equipment*	
• Bedside Commodes*	
• Bedpans*	
• Urinals*	
• Promoting Normal Elimination*	Include: <ul style="list-style-type: none"> <li>Guidelines Box 24-1: Guidelines for Assisting with Elimination*</li> </ul>
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
• Tell the Nurse!*	
• Measuring Urine Output*	Start with paragraph that begins “Not all of the people...” p. 472
• Urinary Catheterization*	NOTE: It is up to each facility to determine if their PSSs can perform catheter care.
• Types of Urinary Catheters*	Include: <ul style="list-style-type: none"> <li>Figure 24-6*</li> </ul> Exclude: <ul style="list-style-type: none"> <li>Straight Catheters*</li> </ul>
• Indwelling Catheters*	Include: <ul style="list-style-type: none"> <li>Figure 24-7*</li> </ul>
• Suprapubic Catheters*	
• Caring for a Person with an Indwelling Urinary Catheter*	Include: <ul style="list-style-type: none"> <li>Include Figure 24-8*</li> <li>Guidelines Box 24-2: Guidelines for Caring for People with Indwelling Catheters*</li> </ul>
• Providing Catheter Care*	
• Emptying Urine Drainage Bags*	PSSs cannot change Drainage Bags including leg bags.
• Tell the Nurse!*	
• Urinary Incontinence*	
• Types of Urinary Incontinence*	
• Managing Urinary Incontinence*	
• Incontinence Pads and Briefs*	
• Condom Catheters*	
• Bowel Elimination*	Paragraphs 2, 3, 4 only
• Problems with Bowel Elimination*	
• Diarrhea*	
• Constipation*	

• Fecal Impaction*	Paragraph 1 only
• Flatulence*	
• Fecal Incontinence*	Paragraph 1 only
• Tell the Nurse!*	
• Caring for a Person with an Ostomy*	NOTE: It is up to each facility to determine if their PSSs can perform Ostomy care.
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
What Did You Learn?*	Questions 5, 6, 7, 9, 10, 11, 12 only
<b>SUPPLEMENT INFORMATION</b>	
Money Management	Follow your facility's/agency's policy on handling money as each provider will have his/her own rules for this activity. In the community setting and in some residential care facilities, Consumers will need you to perform shopping, banking, or other activities involving money. You will be required to carefully account for all money handled and to make sure that Consumers get what they need at prices they should pay.
Shopping	The PSS will frequently go shopping for Consumers. When shopping for Consumers, follow your agency's/facility's policy regarding the purchase of certain products (e.g. tobacco, alcohol, illegal drugs). When health concerns are an issue, check with your supervisor. It is never acceptable to borrow or take anything from a Consumer. If you are shopping for a Consumer you are on company time and must respect your company's policy regarding shopping for yourself.

# Module 11: Ergonomics, Transferring, and Repositioning a Consumer

## Objectives

- Explain The “ABCs” of Good Body Mechanics.
- Explain how to help prevent Pressure Ulcers.
- Explain how to prevent shearing and friction when moving a patient.
- Explain how to position a Consumer correctly.
- Explain how to transfer a Consumer properly.

## Key Terms

- Ergonomics
- Body mechanics
- Alignment
- Pressure Ulcers
- Contractures
- Supportive Devices
- Supine
- Prone
- Shearing
- Friction
- Transfer
- Weight bearing
- Transfer Belt
- Logrolling

## Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>	
TEXTBOOK SECTION	NOTES
Protecting Your Body*	
• Ergonomics*	
• The “ABCs” of Good Body Mechanics*	
• Lifting and Back Safety*	Paragraph 1 only Include: <ul style="list-style-type: none"> <li>• Figure 12-4*</li> <li>• Guidelines Box 12-1: Guidelines for Protecting Yourself from Physical Injury*</li> </ul>
What Did You Learn?*	Questions 2, 10 only
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 14: POSITIONING, LIFTING, AND TRANSFERRING PATIENTS AND RESIDENTS</b>	
TEXTBOOK SECTION	NOTES
What Will You Learn*	



Positioning Patients and Residents*	Include: <ul style="list-style-type: none"> <li>• Figure 14-1*</li> <li>• Figure 14-2*</li> </ul>
Basic Positions*	Include: <ul style="list-style-type: none"> <li>• All Figures</li> </ul>
♦ Supine (Dorsal Recumbent) Position*	
♦ Lateral Position*	
♦ Prone Position*	
♦ Sitting Position*	
Repositioning a Person*	Include: <ul style="list-style-type: none"> <li>• Guidelines Box 14-1: Guidelines for Repositioning a Person*</li> </ul>
♦ Tell the Nurse!*	
♦ Moving a Person to the Side of the Bed*	
♦ Helping a Person to Move Up in Bed*	
♦ Raising a Person's Head and Shoulders*	
♦ Turning a Person onto His or Her Side*	
♦ Logrolling a Person*	
♦ Concerns for Long-Term Care*	Applicable to PSS in AH and HHA situations. <b>Emphasize care after repositioning.</b>
Transferring Patients and Residents*	Examples of transfers to/from: <ul style="list-style-type: none"> <li>• Toilet;</li> <li>• Commode;</li> <li>• Wheelchair;</li> <li>• Tub/shower;</li> <li>• Wheelchair to tub/shower; and</li> <li>• Bed to chair, bed to wheelchair, bed to commode.</li> </ul> Examples of types of transfers: <ul style="list-style-type: none"> <li>• One, two, three or more person assist;</li> <li>• Transfer sheet, transfer board, gait belt;</li> <li>• Mechanical Lifts – hydraulic, manual; and</li> <li>• Overhead lifts</li> </ul>
♦ Transfer-Assist Devices*	NOTE: Your facility will train you on the transfer devices you may need to use including mechanical lifts.
	Include:

	<ul style="list-style-type: none"> <li>Guidelines Box 14-2: Guidelines for Assisting a Person with Transferring*</li> </ul>
<ul style="list-style-type: none"> <li>Helping Hands and a Caring Heart: Focus on Humanistic Health Care*</li> </ul>	
<ul style="list-style-type: none"> <li>Transferring a Person to and From a Wheelchair or Chair*</li> </ul>	
<ul style="list-style-type: none"> <li>Transferring a Person Using a Mechanical Lift*</li> </ul>	
<ul style="list-style-type: none"> <li>Assisting a Person with Walking (Ambulating)*</li> </ul>	NOTE: Your facility will train you on the assistive devices you may need to use to assist Consumers.
	Include: <ul style="list-style-type: none"> <li>Table 14-1: Assistive Devices for Walking (Ambulating)*</li> <li>Guidelines Box 14-3: Guidelines for Assisting a Person with Walking (Ambulation)*</li> </ul>
<ul style="list-style-type: none"> <li>Tell The Nurse!*</li> </ul>	
What Did You Learn?*	Questions 3, 5, 6, 8, 13, 14, 15, 16 only

## Module 12: Accidents, Incident Reports, Falls, and Restraints

### Objectives

- Identify the risk factors that can lead to accidents and falls.
- State ways to prevent a fall.
- Describe how to minimize the risk of injury during a fall.
- Become familiar with your facility's Fall Policies.
- Describe complications associated with use of restraints.
- Identify restraint alternatives.

### Key Terms

- Risk Factor
- Impaired Mobility
- Impaired Senses
- Incontinence
- Assistive Devices
- Incident Reports

### Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 13: PATIENT SAFETY AND RESTRAINT ALTERNATIVES</b>	
TEXTBOOK SECTION	NOTES
Accidents and Incidents*	
Risk Factors*	
• Age*	
• Medication*	
• Paralysis*	
• Poor Mobility*	
• Sensory Impairment*	
• Limited Awareness of Surrounding*s	
• Effects of Medical Conditions or Treatments*	
• Environmental Conditions*	
Avoiding Accidents and Incidents*	
• Preventing Falls*	Fall Risk Factors <ul style="list-style-type: none"> <li>• Age</li> <li>• Medication</li> <li>• Impaired Mobility</li> </ul>

	<ul style="list-style-type: none"> <li>• Impaired Senses</li> <li>• Medical Treatments</li> <li>• Incontinence</li> <li>• Environment</li> <li>• Frayed carpet and scatter rugs</li> <li>• Loose tiles or lifted edges of linoleum</li> <li>• Wet floors</li> <li>• Cluttered hallways or paths</li> <li>• Presence of ice or snow</li> <li>• Lack of appropriate footwear</li> <li>• Poor lighting</li> <li>• Inadequate handrails on staircases</li> <li>• Pets that are underfoot</li> <li>• Entering and Exiting Bathtubs/Showers</li> <li>• State of Emotions</li> <li>• History of Falls</li> <li>• Incorrect Use of Assistive Devices</li> <li>• Defective Assistive Devices</li> <li>• Lack of Knowledge of Surroundings</li> <li>• Physical Fitness/Health</li> <li>• Consumers who are bedbound may have muscle weakness and joint stiffness when first attempting to get out of bed. They may be unsteady as well as “lightheaded” which will compound their risk of falling. This lightheadedness is due to changes that take place in their blood pressure while lying in bed for prolonged periods of time.</li> </ul> <p>Include:</p> <ul style="list-style-type: none"> <li>• Guidelines Box 13-1: Guidelines for Preventing Falls*</li> </ul>
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12 – WORKPLACE SAFETY</b>	
TEXTBOOK SECTION	NOTES
<ul style="list-style-type: none"> <li>• Preventing Falls*</li> </ul>	<p>Include:</p> <ul style="list-style-type: none"> <li>• Box 12-1: Minimizing the Risk of Injury as a Result of a Fall*</li> </ul>
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 47: SAFETY AND INFECTION CONTROL IN THE HOME HEALTH CARE SETTING</b>	
TEXTBOOK SECTION	NOTES
<ul style="list-style-type: none"> <li>• Falls*</li> </ul>	
<b>SUPPLEMENTAL INFORMATION</b>	

♦ Reporting Falls	Falls must be reported per your facility's policies and procedures.
♦ Facility Fall Policies	Learn your facility's Fall Policy.
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 13: PATIENT SAFETY AND RESTRAINT ALTERNATIVES</b>	
TEXTBOOK SECTION	NOTES
♦ Preventing Burns*	<p>Most people associate burns with flames. In fact, burns are caused more often by liquids than by flames. Hot water can cause a serious burn quickly. It can maim or even kill. Very young children, people who are handicapped, and older people are particularly vulnerable to tap water burns. Supervise children and older people in tub baths. Young children are able to turn on the hot water by themselves. Older or handicapped people are prone to falling. They should never be left alone in the tub, even momentarily. Remember that the water temperature feels cooler than it is if you are wearing gloves.</p> <ul style="list-style-type: none"> <li>• Children cannot always tell the difference between the hot and cold-water faucets. They have delicate skin, and often cannot get out of hot water quickly, leading to possible hot-water burns.</li> <li>• Older people and people with handicaps are less agile and they may have less ability to sense when water is too hot.</li> </ul> <p>Check water heater thermostat level. Most water heaters are set to heat water well above 140°, but a tap water temperature of 120° should be hot enough for washing clothes and dishes. Although many automatic dishwasher instructions suggest 140°, cleaning is usually satisfactory at much lower temperatures. Few people bathe at temperatures above 110°. If you believe the water is set too hot, contact your supervisor.</p> <p><b>HOT WATER CAUSES THIRD DEGREE BURNS:</b></p> <ul style="list-style-type: none"> <li>• in one second at 156°</li> <li>• in two seconds at 149°</li> <li>• in five seconds at 140°</li> <li>• in fifteen seconds at 133°.</li> </ul> <p><b>HOT WATER BURNS ARE PREVENTABLE</b></p> <p>Keep hot liquids out of the reach of children.</p> <ul style="list-style-type: none"> <li>• Babies, the most frequent victims of hot liquid scalds, need only a split second to grab a coffee cup, or bump a sipping parent's arm. Spilled hot</li> </ul>

	<p>coffee or tea, usually hotter than 160°, will cause severe injury.</p> <ul style="list-style-type: none"> <li>• Toddlers can spill hot liquids by pulling at tablecloths, pot handles, and cooking appliance cords. They may be underfoot while someone is carrying pots around the kitchen.</li> <li>• Protect babies or toddlers by placing them in a high chair or playpen while you are cooking.</li> </ul>
• Preventing Accidental Poisonings*	
Reporting Accidents and Incidents*	
Restraints*	<p>Your facility will train you on restraints if they are needed for your job. PSSs should learn and follow all facility policies on restraints. Misuse of restraints is violation of a Consumer's Rights and must be reported by Mandatory Reporters.</p> <p><b>PSSs ARE MANDATORY REPORTERS</b></p>
• Use of Restraints*	
• Complications Associated with Restraint Use*	
• Restraint Alternatives*	
• Tell the Nurse!	
What Did You Learn?*	Questions 5, 6, 7, 8, 10 only
<b>SUPPLEMENTAL INFORMATION</b>	
Incident Reports	<p>Incident reports are documents that record any unusual happening. Report all Incidents to your supervisor and follow facility policies on filling out the incident reports. In general, the report will identify the specific nature of any incident or accident, note any persons who have witnessed the incident, record any follow-up or treatment that occurred, and identify persons notified, such as physicians, guardians, pharmacists, family members, or caseworkers. Some typical situations in which an incident report would be made out are:</p> <ul style="list-style-type: none"> <li>• Consumer injury;</li> <li>• Consumer to Consumer altercation or fight;</li> <li>• Visitor injuries;</li> <li>• Missing possessions;</li> <li>• Consumer elopement (Consumer runs away); and</li> <li>• Staff to Consumer altercations.</li> </ul>
	<p>NOTE: Figure 13.5* in previously mentioned chapter can be used as an example report.</p>

## Module 13: Safety

### Objectives

- Discuss what it means to be familiar with your facility's policies and procedures.

### Content

<p style="text-align: center;"><b>!!! REMINDER !!!</b></p> <ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER'S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>	
TEXTBOOK SECTION	NOTES
<b>Your facility will train you on their procedures for emergency situations.</b>	
Preventing Chemical Injuries*	
Preventing Electrical Shocks*	
Preventing Fires*	Include: <ul style="list-style-type: none"> <li>• Figure 12-10*</li> <li>• Guidelines Box 12-4: Guidelines for Preventing Fires*</li> </ul>
Reacting to a Fire Emergency*	
• Extinguishing Fires*	
Disaster Preparedness*	
Workplace Violence*	Include: <ul style="list-style-type: none"> <li>• Table 12-2: Factors that Increase the Risk of Workplace Violence in the Health Care Setting*</li> </ul>
What Did You Learn?*	Questions 1, 3, 4, 5, 7, 8, 9, 11 only
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 15: BASIC FIRST AID AND EMERGENCY CARE</b>	
TEXTBOOK SECTION	NOTES
Responding to an Emergency*	Through Bullet #2 only, your facility will train you to their emergency policies and procedures.
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
<b>Tell the Nurse!*</b>	
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 47: SAFETY AND INFECTION CONTROL IN THE HOME HEALTH CARE SETTING</b>	
Textbook Section	Notes
Workplace Safety*	

<ul style="list-style-type: none"> <li>• Accidents and Medical Emergencies*</li> </ul>	
<ul style="list-style-type: none"> <li>• Fire*</li> </ul>	<p>Exclude the last paragraph, this will be trained at the facility level.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Guidelines Box 47-1: Guidelines for Maintaining a Safe Home Environment*</li> </ul> <p>This set of guidelines provides a list of things the PSS should be aware of, but it is not their job to implement any of these changes unless they are directed to do so by their supervisor or the Consumer's care plan.</p>
<b>Tell the Nurse!*</b>	
Personal Safety*	<p>Include:</p> <ul style="list-style-type: none"> <li>• Box 47-1: Personal Safety Suggestions*</li> </ul>
Other Safety Concerns*	
SUPPLEMENTAL INFORMATION	
<b>Violence in Work Setting</b>	<p>Your facility will train you on their policies and procedures on encountering violence towards yourself and/or your Consumer's.</p>
Basic Life Support (BLS)/First Aid/CPR	<p>Your facility will inform you of any BLS, First Aid, and/or CPR requirements you will need to be certified in for your job.</p> <p><b><u>PSSs ARE NOT FIRST RESPONDERS.</u></b></p>



## Module 14: Procedures

### Objectives

- Demonstrate competency in the procedures listed below.

### Content

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 10: COMMUNICABLE DISEASE AND INFECTION CONTROL</b>
Communicable Disease and Infection Control Procedures
• Procedure 10-1: Handwashing*
• Procedure 10-2: Using an Alcohol-Based Hand Rub*
• Procedure 10-3: Removing Gloves*
• Procedure 10-4: Putting on a Gown*
• Procedure 10-5: Removing a Gown*
• Procedure 10-6: Putting on and Removing a Mask*
• Procedure 10-7: Removing More Than One Article of Personal Protective Equipment (PPE)*
• Procedure 10-8: Double-Bagging (Two Assistants)*

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>
Workplace Safety Procedures
• Following Procedures*
Include: <ul style="list-style-type: none"><li>• Guidelines Box 12-2: Guidelines for Getting Ready (Pre-procedure Actions) WEAVERS*</li><li>• Guidelines Box 12-3: Guidelines for Finishing Up (Post-procedure Actions) ALSO Wash &amp; Document* (edit as necessary)</li></ul>

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 14: POSITIONING, LIFTING, AND TRANSFERRING PATIENTS AND RESIDENTS</b>
Positioning, Lifting, and Transferring Patients and Residents Procedures
• Procedure 14-1: Moving a Person to the Side of the Bed (One Assistant)*
• Procedure 14-2: Moving a Person to the Side of the Bed (Two Assistants)*
• Procedure 14-3: Moving a Person Up in Bed (Two Assistants)*
• Procedure 14-4: Raising a Person's Head and Shoulders*
• Procedure 14-5: Turning a Person Onto His or Her Side*
• Procedure 14-6: Logrolling a Person (Three Assistants)*
• Procedure 14-7: Applying a Transfer (Gait) Belt*
• Procedure 14-8: Transferring a Person From a Bed to a Wheelchair (One Assistant)*
• Procedure 14-9: Transferring a Person From a Wheelchair to a Bed*
• Procedure 14-12: Transferring a Person Using a Mechanical Lift (Two Assistants)*
• Procedure 14-13: Assisting a Person with Sitting on the Edge of the Bed ("Dangling")*
• Procedure 14-14: Assisting a Person with Walking (Ambulating)*

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 18: BEDMAKING</b>
Bedmaking Procedures
<ul style="list-style-type: none"> <li>• Procedure 18-1: Making an Unoccupied (Closed) Bed*</li> <li>• Procedure 18-2: Making an Occupied Bed*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 20: COMFORT AND REST</b>
Comfort and Rest Procedures
<ul style="list-style-type: none"> <li>• Procedure 20-3: Giving a Dry Cold Application*</li> <li>• Procedure 18-2: Making an Occupied Bed*</li> </ul>

REFERENCE TEXTBOOK: UNIT 4: CHAPTER 21: CLEANLINESS AND HYGIENE	
Cleanliness and Hygiene Procedures	
<ul style="list-style-type: none"><li>• Procedure 21-1: Brushing (Excluding Flossing)</li></ul> Steps 1 – 9 and 14 through end. It is up to each facility to determine if their PSSs can floss a Consumer’s teeth.	
<ul style="list-style-type: none"><li>• Procedure 21-2: Providing Oral Care for a Person with Dentures*</li></ul>	
<ul style="list-style-type: none"><li>• Procedure 21-4: Providing Female Perineal Care*</li></ul>	
<ul style="list-style-type: none"><li>• Procedure 21-5: Providing Male Perineal Care*</li></ul>	
<ul style="list-style-type: none"><li>• Procedure 21-6: Assisting with a Tub Bath or Shower*</li></ul>	NOTE: Always follow facility policies and procedures and the Consumer’s care plan.  BODY POWDER: refer to facility policies about use of body powder around oxygen.  DIABETIC CONSUMERS: Never apply moisturizer between the toes of diabetic Consumers.
<ul style="list-style-type: none"><li>• Procedure 21-7: Giving a Complete Bed Bath*</li></ul>	
<ul style="list-style-type: none"><li>• Procedure 21-8: Giving a Partial Bed Bath*</li></ul>	

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 22: GROOMING</b>
Grooming Procedures
<ul style="list-style-type: none"> <li>• Procedure 22-3: Assisting a Person with Dressing*</li> <li>• Procedure 22-5: Shampooing a Person's Hair in Bed*</li> <li>• Procedure 22-6: Combing a Person's Hair*</li> <li>• Procedure 22-7: Shaving a Person's Face*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 23: BASIC NUTRITION</b>
Basic Nutrition Procedures
<ul style="list-style-type: none"> <li>• Procedure 23-1: Feeding a Dependent Person*</li> </ul> <p>NOTE: PSSs will not be feeding dependent people . Use Steps 1-11 and 16-20 ONLY.</p>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 24: ASSISTING WITH URINARY AND BOWEL ELIMINATION</b>
Assisting with Urinary and Bowel Elimination
<ul style="list-style-type: none"> <li>• Procedure 24-1: Assisting a Person with Using a Bedpan</li> </ul>
<ul style="list-style-type: none"> <li>• Procedure 24-2: Assisting a Man with Using a Urinal</li> </ul>
<ul style="list-style-type: none"> <li>• Procedure 24-7: Emptying a Urine Drainage Bag*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 31: THE CARDIOVASCULAR SYSTEM</b>
The Cardiovascular System
<ul style="list-style-type: none"> <li>• Procedure 31-1: Applying Anti-embolism (TED) Stockings*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 6: CHAPTER 33: THE SENSORY SYSTEM</b>
The Sensory System Procedures
<ul style="list-style-type: none"> <li>• Procedure 33-1: Assisting a Person with an In-the-Ear Hearing Aid*</li> </ul>

## Appendix A: Maine Health Care Advance Directive Form

### Maine Health Care Advance Directive Form

You may use this form now to tell your physician and others what medical care you want to receive if you become too sick in the future to tell them what you want. **You may choose to fill out the whole form or any part of the form and then sign and date the form in Part 6.** These are the parts:

<b>Part 1</b>	Fill this out if you want to choose someone to make all your health care decisions for you, either right away or if you become too sick to tell others what you want. This person is called your agent.
<b>Part 2</b>	Fill this out if: (1) you did not name an agent in Part 1 and now want to choose whether you want certain treatments <b>or</b> , (2) you did name an agent in Part 1 and want to tell your agent your wishes about certain treatments, knowing that your agent must follow your directions.
<b>Part 3</b>	Fill this out if you want to give the name of your primary physician, physician assistant or nurse practitioner.
<b>Part 4</b>	Fill this out if you want to make decisions about donating your organs, body or tissues after your death.
<b>Part 5</b>	Fill this out if you want: (1) to choose someone to make all funeral and burial decisions after your death, <b>or</b> (2) to tell your family any wishes you have about funeral and burial decisions.
<b>Part 6</b>	You must sign and date your Advance Directive form on this page. Have two witnesses sign the form at the same time you sign it. Tell others about your decisions and give copies to your physician, other health care providers, family and hospital.
<b>Part 7</b>	If you do not wish to be revived by ambulance crews should your heart or breathing stop, then you <b>and</b> your physician ( <b>or</b> nurse practitioner <b>or</b> physician assistant) need to sign this Do Not Resuscitate (DNR) form.

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## Note

You may change any part of this form except for Part 6 and Part 7. You may cross out any words, sentences, or paragraphs you do not want. You can also add your own words. If you make any changes to the form, it is best if you put your initials and the date next to each change so that everyone knows it was your decision to make the change. The form lets you choose different ways to handle your care by checking boxes or filling in blanks. You may initial each box and each blank you fill in to show that it was your decision to check the box or fill in the blank.

Before filling out this form, we suggest that you talk with your lawyer, family members, physicians, and others close to you about your wishes. If you make changes or complete a new form, be sure to let everyone know.

**My Name** (*please print*) \_\_\_\_\_

**My Address** \_\_\_\_\_

**My Birth date** \_\_\_\_\_

This is a list of all the people who have copies of my signed health care advance directive:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Part 1 – Power of Attorney for Health Care

### **Instructions:**

This part lets you choose another person to make health care decisions for you, either right away or when you are too sick to choose your own care. The person you choose is called your agent. You may also name a second and third choice to be your agent, if your first choice is not willing, reasonably available or able to make decisions for you. If you choose an agent on this form, but do not fill out any other parts of the form, your agent will be able to:

- Make all health care decisions for you, including decisions regarding tests, surgery and medication;
- Decide whether or not to have food or fluids given to you through tubes or fed into your veins through an IV;
- Decide whether or not to use treatments or machines to keep you alive or to restart your heart or breathing;
- Choose who will give you health care and where you will get it, such as hospitals, nursing homes, assisted living settings, home health, or hospice care; and
- Make any health decision he or she believes would be consistent with your values or in your best interest, even if it is not listed in the form.

### **Who can be your agent:**

You can name any adult you trust to be your agent, except your agent may not be the owner, operator or employee of a nursing home or residential long-term care facility where you are receiving care, unless that person is your relative.

### **How your agent must make decisions:**

If your agent does not know what you want, the agent must make decisions consistent with your personal values, if known, or based on your best interests. In Part 2, you can decide what you want in advance. If you make choices in Part 2, your agent must make decisions based on those choices.

### **Who can see your health care information:**

Once your agent has the right to make health care decisions for you, your agent can look at your medical records and consent to giving your medical information to others. The state and federal privacy laws let your agent see all of your health information so that he or she can make the right decision for you.

The first part of your advance directive begins on the next page.

## YOUR ADVANCE DIRECTIVE BEGINS HERE

**Choosing an agent:** Fill in your name and the name of the person you choose to be your agent to make health care decisions for you here:

My name \_\_\_\_\_

My agent's name \_\_\_\_\_

Title or relationship to me \_\_\_\_\_

My agent's address \_\_\_\_\_

My agent's home phone (\_\_\_\_) \_\_\_\_\_ My agent's work phone (\_\_\_\_) \_\_\_\_\_

If the agent I have named above is not willing, reasonably available or able to make decisions for me, I choose the following person to be my agent:

### **Choice # 2 to be my agent**

Name \_\_\_\_\_

Title or Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

If the person I have named as Choice # 2 is not willing, reasonably available or able to make decisions for me, I choose the following person to be my agent:

### **Choice # 3 to be my agent**

Name \_\_\_\_\_

Title or Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

You may change your mind later about who you want to be your agent. If you want to stop the agent you have named from making decisions for you, you must tell your primary physician or fill in these blanks:

I do **not** want \_\_\_\_\_ to be my agent. \_\_\_\_\_

*My signature*

Date you filled out and signed this section \_\_\_\_\_

**Any time you cancel, replace or change this form you should give copies of the changed or new form to everyone who has a copy of your original form.**

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## Your agent's power:

**When your agent can start making decisions for you:** (Check only one box: A or B)

A. ☐ My agent can make decisions only when my primary physician or a judge decides that I am too sick to make my own health care decisions.

**OR**

B. ☐ My agent can start making health care decisions for me right away, but this does not mean I have given up the right to make my own decisions if I am still able and willing to make my own decisions. When my agent makes a health care decision for me, I will be told, if possible, about that decision before it is carried out unless I say I do not want to know. If I disagree with that decision and am still able to decide, I can make a different decision. As long as I am able, I can end my agent's right to make decisions for me, change my agent or make my own decisions. If I want to end my agent's right to make decisions for me, I must tell my primary physician or put my decision in writing and sign it with the date of my signature.

### **Nominating a guardian:**

A guardian is a person chosen by a court to make decisions about your personal care. These decisions can include not only health care, but other decisions such as where you will live and how your personal needs will be met. If you wish, you may ask that a court assign your agent as your guardian, if appointment of a guardian should become necessary. Check the box below to nominate your agent to be your guardian, if a judge needs to appoint a guardian for you.

☐ I nominate my agent to be my guardian if a judge needs to appoint a guardian for me.

**If you want to nominate someone other than your agent to be your guardian, you may fill in the section below.**

If a judge needs to appoint a guardian for me, I nominate the person named below as my guardian:

Name \_\_\_\_\_ Title or Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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## Part 2 – Special Instructions

### Instructions if you did not name an agent in Part 1:

If you did not name an agent in Part 1, you should fill out this Part to state what you want for care if you become too sick to make your choices known.

**OR**

### Instructions if you did name an agent in Part 1:

If you named an agent in Part 1, you do not have to fill out this part of the form. If you want your agent to make all of your health care decisions, DO NOT fill out this part of the form. Your agent will make decisions in your best interests, including decisions to refuse treatment. However, you may fill out this part if you want to give special directions to your agent about your wishes, such as when you are near death, in a permanent coma or no longer able to make your own decisions. You may also cross out or add words. It is best if you put your initials and date next to any changes you make so everyone knows the changes were your decision. If you complete this part, your physician and others will follow these instructions and your agent cannot make a different decision. You may also write your wishes on another piece of paper, sign it, date it, and keep it with this form.

### Life-Sustaining Treatment Choices:

You may check one of the two boxes below to show your choice about getting treatments that would keep you alive:

<input type="checkbox"/> <u>Choice not to be kept alive</u>  I do not want treatment to keep me alive if my physician decides that either of the following is true;  (i) I have an illness that will not get better, cannot be cured, and will result in my death quite soon (sometimes referred to as a terminal condition),  <b>OR</b>  (ii) I am no longer aware (unconscious) and it is very likely that I will never be conscious again (sometimes referred to as a persistent vegetative state).	<input type="checkbox"/> <u>Choice to be kept alive</u>  I want to be kept alive as long as possible within the limits of generally accepted health care standards, even if my condition is terminal or I am in a persistent vegetative state.
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**Life-Sustaining Treatment Choices:**

You may also check one of the two boxes below to show your choice about treatment that would keep you alive if, in the future, you have late stage Alzheimer's disease or other severe dementia. These choices will not limit the authority under state law for your agent, surrogate, guardian or physician to make treatment choices if you are unable to make your own decisions and are **not** in late stage Alzheimer's disease or other severe dementia.

<input type="checkbox"/> <u>Choice not to be kept alive</u>  If my physician and a second physician decide that I am in the late stage of Alzheimer's disease* or other severe dementia, I do not want treatment to keep me alive.	<input type="checkbox"/> <u>Choice to be kept alive</u>  I want treatment to keep me alive as long as possible within the limits of generally accepted health care standards, even if my physician and a second physician decide that I am in the late stage of Alzheimer's disease or other severe dementia.
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\* Only a physician can determine that someone is in the late stage of Alzheimer's disease. People in the late stages of Alzheimer's disease generally have a number of the following characteristics: loss of the ability to respond to their environment; loss of the ability to speak; loss of the ability to control movement; loss of the capacity for recognizable speech, although words or phrases may occasionally be uttered; needing help with eating and toileting; general incontinence of urine; loss of the ability to walk without assistance, then the ability to sit without support, then the ability to smile, and the ability to hold their head up; reflexes become abnormal; muscles grow rigid; and swallowing is impaired.

**Tube Feeding:** You may check one of the two boxes below to show your choice about tube feeding or having water and nutrition fed into your body through an IV or tube (artificial nutrition and hydration):

<input type="checkbox"/> Artificial nutrition and hydration should not be given, or should be stopped, based on the other life-sustaining treatment choices I made about keeping me alive on Pages 6 and 7.	<input type="checkbox"/> Artificial nutrition and hydration should be given regardless of my condition.
---	---

**Relief from Pain:** You may check the box or fill in the blanks below to show your choice about relief of pain or discomfort.

<input type="checkbox"/> I want treatment for relief of pain or discomfort to be given at all times, even if it shortens the time until my death or makes me drowsy, unconscious or unable to do other things.	<p>These are my wishes about relief of pain or discomfort:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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**Other Directions:**

You may give more directions or add any other treatment choices in the space below:

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## Part 3 — Primary Physician

**This section is optional. Fill out this part only if you wish to name your primary physician today.**

Name of my primary physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I want any agent I named in Part 1 to talk with this physician about my health care. If the physician I have named above is not willing, reasonably available or able to carry out my wishes, I want the agent I named in Part 1 to talk with the physician listed below:

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you want your agent or those making decisions for you to speak with a nurse practitioner or physician assistant before making a decision, you may complete the following section:

Name of nurse practitioner or physician assistant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Part 4 – Donation of Body, Organs or Tissues at Death

**This section is optional. Fill out this part only if you want to give directions about donating your body, organs or tissues after your death.**

☐ I do **NOT** wish to donate any organs, tissues or parts.

---

I have checked below my choices about donating my body, organs or tissues after death. I have spoken with my family so that they will not object to my wishes after I die.

☐ I give my body. **OR**

☐ I give any needed organs, tissues or parts. **OR**

☐ I give only the following organs, tissues, or parts:

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My gift is for the following purposes (you may check any number of boxes):

☐ My gift is for transplant or therapy for another person, to be chosen based on generally accepted health care standards.

☐ My gift is for research and education. My preference, if any, is to give my body, organs, or tissues to the following hospital, medical school, or physician:

Name 

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Address 

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I understand that I may need to contact the hospital, medical school, or physician before I die in order for them to accept my body, organs or tissues after my death.

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## Part 5 – Instructions About Funeral and Burial Arrangements

**This section is optional. Fill out this part only if you wish to give special instructions about your funeral or burial arrangements here.**

I hope that my family will follow my wishes after I die as noted below.

☐ I choose \_\_\_\_\_ to have custody  
and control of my body after my death with the right to decide everything about my funeral and burial.

**OR**

☐ I want my family to know these are my wishes about: burial, cremation, funeral, or memorial service.  
(Fill in)

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**If you plan to die at home,** talk with your physician and funeral director about your plans. When you die, your family or agent should call your physician and the funeral home you have chosen. The funeral home staff will pick up your body from your home.

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## Part 6—Signing the Form

If you have filled out any part of this form, you must sign and date the form on this page. You must also have two other adults sign as witnesses at the same time you sign the form. Your agent cannot sign as a witness. You do not need to have a Notary Public sign your Advance Directive form to make it legal in Maine. However, if you travel or live part of the year out-of-state, it would be wise to have it signed by a Notary. Some states require this. You can find this service under Notary Public in the phone book. Most banks also have Notaries Public and will usually notarize papers for bank customers when asked. The Notary Acknowledgment may be done at any time after you sign this form.

### Sign and date the form here:

Sign your name: \_\_\_\_\_ Your Address: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Date: \_\_\_\_\_

### First witness:

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Date: \_\_\_\_\_

### Second witness:

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Date: \_\_\_\_\_

### **Notary Acknowledgment.**

Then personally appeared the above named \_\_\_\_\_, known to me or who presented satisfactory evidence of his/her identity, and acknowledged this Advance Directive as his/her free act and deed before me.

Notary signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Notary Public State of: \_\_\_\_\_ Commission Exp.: \_\_\_\_\_

**Make sure to tell people.** Tell your family members, physicians and others close to you what you have decided. You should talk to the agent(s) you have chosen to make sure that they understand your wishes and are willing to carry them out. Give a copy of this form to your physician, to any place where you get health care, and to any agent(s) you have chosen in Part 1. Please be sure to list the people who have copies of this form on the front page.

### **Canceling or changing the form.**

**Part 1:** You may end your agent's right to make decisions while you are still able to make those decisions by telling your primary physician or putting your decision in writing and attaching it to this form. If you want to name a new agent, you must put that instruction in writing and sign it in front of two witnesses who must also sign their names.

**Parts 2-7:** You may cancel any other part of this form, or change your instructions in the other parts of this form while you are still able to make those decisions. It is best to do so by (1) writing on this form, (2) writing on another piece of paper and attaching it to this form, or (3) completing a new form. Any of those written changes should be signed and dated by you.

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## **Part 7—Instructions to Emergency Medical Services (ambulance crews) about what to do if your heart or breathing stops.**

**This section is optional.** If you do not want ambulance crews to revive you if your heart or breathing stops, you and your physician (**or** nurse practitioner **or** physician assistant) must both complete and sign this part.

### **Instructions for Part 7:**

- If I stop breathing or my heart stops, I do not want the Emergency Medical Services (ambulance crews) to try to revive me. My physician (**or** nurse practitioner **or** physician assistant) and I have discussed this and signed the special form on the next page. I understand that this decision will not prevent me from receiving other emergency care, or comfort care from health care workers before I die.
- I understand that the form goes into effect when I have signed it **AND** it is signed by my physician (**or** nurse practitioner **or** physician assistant).
- I understand that this directive will not be followed unless my family, caretaker or I give the signed form on the next page to Emergency Medical Services (ambulance crews), and that it is solely my responsibility to make sure they see it.
- I understand that I should carry the signed form with me unless I wear health alert jewelry, such as MedicAlert, that also tells people that I do not want to be revived if my heart or breathing stops (Please call Maine Emergency Medical Services at 207-626-3860 to see if there are other Maine EMS approved health alert jewelry companies).
- I understand that if any health care provider has any doubts about what I want, they will try to restart my heart or breathing.
- I understand that I may revoke this directive at any time by destroying this form and removing any Maine EMS approved Do-Not-Resuscitate jewelry. I can also tell the ambulance crews that I have changed my mind.
- I understand that should I change my mind, it is my responsibility to tell my physician (**or** nurse practitioner **or** physician assistant) and other people who have copies of the signed form.
- If I want my agent to make this decision later, my agent should take the form available at: <http://www.maine.gov/dps/ems> to my physician (**or** nurse practitioner **or** physician assistant) when it is time to make the decision.

**If you complete and sign this section, put the original in a safe place and be sure to give copies to ambulance crews, your family, your caregivers, and your physician.**

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## DO-NOT-RESUSCITATE (DNR) DIRECTIVE

This section is optional. If you do not want ambulance crews to revive you if your heart or breathing stops, you **and** your physician (**or** nurse practitioner **or** physician assistant) must complete and sign this form.

### **FOR PATIENT TO COMPLETE after consultation with his or her health care provider:**

In the event that my heart or breathing stops and I am unable to speak for myself, I, \_\_\_\_\_ (printed name) direct that no efforts be taken to restart my heart or breathing and that Emergency Medical Services (ambulance crews) if notified, honor my directive. I have come to this decision after considering my condition and prognosis and the potential risks, burdens and benefits of refusing efforts to restart my heart or breathing.

I understand that I may change my mind at any time by destroying this form and removing any Maine EMS approved Do-Not-Resuscitate jewelry, such as MedicAlert. I will also tell my physician (**or** nurse practitioner **or** physician assistant) and other caregivers if I change my mind.

I understand that this form is not valid until my physician (**or** nurse practitioner **or** physician assistant) **and** I have signed it.

I understand that in a hospital, nursing home, hospice or home health setting, federal law requires that my physician must include a specific DNR order in my medical record or plan of care, even if we have both signed this form.

☐ No expiration date **OR** ☐ Expires on \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

### **FOR PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER TO COMPLETE:**

By my signature I affirm that:

(i) After meeting with this patient and discussing this decision, I am satisfied that the patient understands the potential risks, burdens and benefits of refusing resuscitative interventions in light of the patient's medical condition; and (ii) I believe that the patient has made a voluntary informed decision about resuscitation and I agree to comply with that decision. I will tell any health care providers providing care under my authority to comply with this decision.

\_\_\_\_\_  
Signature and license level (MD, DO, PA or NP)

\_\_\_\_\_  
Date Signed



\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

**THIS FORM IS ENDORSED BY MAINE EMERGENCY MEDICAL SERVICES**

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## Appendix B: Whistleblower's Protection Act Poster

<b>Whistleblower's Protection Act</b>												
 <p><b>MAINE</b> DEPARTMENT OF <b>LABOR</b> <i>Bureau of Labor Standards</i></p>	<p><b>Protection of Employees Who Report or Refuse to Commit Illegal Acts</b></p> <p>This poster describes some important parts of the law. A copy of the actual law or formal interpretations may be obtained from the Department of Labor, Bureau of Labor Standards by calling (207) 623-7900. (The laws are also on the Bureau's web site.)</p>	 <p><b>Maine Law (Title 26 M.R.S.A. § 839) requires every employer to place this poster in the workplace where workers can easily see it.</b></p>										
<b>This poster is provided at no cost by the Maine Department of Labor and may be copied.</b>												
<p><b>It is illegal for your boss to fire you, threaten you, retaliate against you or treat you differently because:</b></p> <ol style="list-style-type: none"><li>1. You reported a violation of the law;</li><li>2. You are a healthcare worker and you reported a medical error;</li><li>3. You reported something that risks someone's health or safety;</li><li>4. You have refused to do something that will endanger your life or someone else's life and you have asked your employer to correct it; or</li><li>5. You have been involved in an investigation or hearing held by the government.</li></ol> <p><b>You are protected by this law ONLY if:</b></p> <ol style="list-style-type: none"><li>1. You tell your boss about the problem and allow a reasonable time for it to be corrected; or</li><li>2. You have good reason to believe that your boss will not correct the problem.</li></ol> <p><b>To report a violation, unsafe condition or practice or an illegal act in your workplace, contact:</b> (This information should be filled in by the employer)</p> <table border="1"><thead><tr><th>(Name)</th><th>(Title)</th><th>(Location or Phone)</th></tr></thead><tbody><tr><td colspan="3"><p><b>For more information or to file a complaint under this law, contact:</b></p><p>The Maine Human Rights Commission 51 State House Station Augusta, Maine 04333 <b>Tel: (207) 624-6290</b> TTY users call Maine Relay 711 <a href="http://www.Maine.gov/mhrc">www.Maine.gov/mhrc</a></p><p><b>The following agencies may provide useful information on workplace safety and labor laws:</b></p><table><tbody><tr><td>U.S. Department of Labor Wage and Hour Division P.O. Box 554 Portland, Maine 04112 <b>Tel: (207) 780-3344</b> <a href="http://www.dol.gov">www.dol.gov</a></td><td>Maine Department of Labor Bureau of Labor Standards 45 State House Station Augusta, Maine 04333-0045 <b>207-623-7900</b> TTY users call Maine Relay 711. Web site: <a href="http://www.maine.gov/labor/bls">www.maine.gov/labor/bls</a> Email: <a href="mailto:mdol@maine.gov">mdol@maine.gov</a></td></tr><tr><td>U.S. Department of Labor/OSHA 40 Western Avenue Augusta, Maine 04330 <b>Tel: (207) 626-9160</b> <a href="http://www.osha.gov">www.osha.gov</a></td><td></td></tr></tbody></table></td></tr></tbody></table>			(Name)	(Title)	(Location or Phone)	<p><b>For more information or to file a complaint under this law, contact:</b></p> <p>The Maine Human Rights Commission 51 State House Station Augusta, Maine 04333 <b>Tel: (207) 624-6290</b> TTY users call Maine Relay 711 <a href="http://www.Maine.gov/mhrc">www.Maine.gov/mhrc</a></p> <p><b>The following agencies may provide useful information on workplace safety and labor laws:</b></p> <table><tbody><tr><td>U.S. Department of Labor Wage and Hour Division P.O. Box 554 Portland, Maine 04112 <b>Tel: (207) 780-3344</b> <a href="http://www.dol.gov">www.dol.gov</a></td><td>Maine Department of Labor Bureau of Labor Standards 45 State House Station Augusta, Maine 04333-0045 <b>207-623-7900</b> TTY users call Maine Relay 711. Web site: <a href="http://www.maine.gov/labor/bls">www.maine.gov/labor/bls</a> Email: <a href="mailto:mdol@maine.gov">mdol@maine.gov</a></td></tr><tr><td>U.S. Department of Labor/OSHA 40 Western Avenue Augusta, Maine 04330 <b>Tel: (207) 626-9160</b> <a href="http://www.osha.gov">www.osha.gov</a></td><td></td></tr></tbody></table>			U.S. Department of Labor Wage and Hour Division P.O. Box 554 Portland, Maine 04112 <b>Tel: (207) 780-3344</b> <a href="http://www.dol.gov">www.dol.gov</a>	Maine Department of Labor Bureau of Labor Standards 45 State House Station Augusta, Maine 04333-0045 <b>207-623-7900</b> TTY users call Maine Relay 711. Web site: <a href="http://www.maine.gov/labor/bls">www.maine.gov/labor/bls</a> Email: <a href="mailto:mdol@maine.gov">mdol@maine.gov</a>	U.S. Department of Labor/OSHA 40 Western Avenue Augusta, Maine 04330 <b>Tel: (207) 626-9160</b> <a href="http://www.osha.gov">www.osha.gov</a>	
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## Appendix C: PSS Procedure Demonstration Checklist

### PSS Procedure Demonstration Checklist

Student: \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Procedure	Demonstration Date	Satisfactory Performance Date	Instructor Initials
Reference Textbook: Unit 3: Ch. 10: Communicable Disease & Infection Control			
Procedure 10-1: Handwashing*			
Procedure 10-2: Using an Alcohol-Based Hand Rub*			
Procedure 10-3: Removing Gloves*			
Procedure 10-4: Putting on a Gown*			
Procedure 10-5: Removing a Gown*			
Procedure 10-6: Putting on and Removing a Mask*			
Procedure 10-7: Removing More Than 1 Article of Personal Protective Equipment *			
Procedure 10-8: Double-Bagging (Two Assistants)*			
Reference Textbook: Unit 3: Ch. 12: Workplace Safety			
Guidelines Box 12-2: Guidelines for Getting Ready (Pre-Procedure Actions) WEAVERS*			
Guidelines Box 12-3: Guidelines for Finishing Up (Post-Procedure Actions) ALSO Wash & Document*			
Reference Textbook: Unit 3: Ch. 14: Positioning, Lifting, and Transferring Patients and Residents			
Procedure 14-1: Moving a Person to the Side of the Bed (1 Assist)*			
Procedure 14-2: Moving a Person to the Side of the Bed (2 Assist)*			
Procedure 14-3: Moving a Person Up in Bed (Two Assistants)*			
Procedure 14-4: Raising a Person's Head and Shoulders*			
Procedure 14-5: Turning a Person Onto His or Her Side*			
Procedure 14-6: Logrolling a Person (Three Assistants)*			

Procedure 14-7: Applying a Transfer (Gait) Belt*			
Procedure 14-8: Transferring a Person From a Bed to a Wheelchair (One Assistant)*			
Procedure 14-9: Transferring a Person From a Wheelchair to a Bed*			
Procedure 14-12: Transferring a Person Using a Mechanical Lift (Two Assistants)*			
Procedure 14-13: Assisting a Person with Sitting on the Edge of the Bed ("Dangling")*			
Procedure 14-14: Assisting a Person with Walking (Ambulating)*			
Reference Textbook: Unit 4: Ch. 18 – Bedmaking			
Procedure 18-1: Making an Unoccupied (Closed) Bed*			
Procedure 18-2: Making an Occupied Bed*			
Reference Textbook: Unit 4: Ch. 20: Comfort and Rest			
Procedure 20-3: Giving a Dry Cold Application*			
Procedure	Demonstration Date	Satisfactory Performance Date	Instructor Initials
Reference Textbook: Unit 4: Ch. 21: Cleanliness and Hygiene			
Procedure 21-1: Brushing Steps 1 – 10 and 14 through end ONLY.			
Procedure 21-2: Providing Oral Care for a Person with Dentures*			
Procedure 21-4: Providing Female Perineal Care*			
Procedure 21-5: Providing Male Perineal Care*			
Procedure 21-6: Assisting with a Tub Bath or Shower*			
Procedure 21-7: Giving a Complete Bed Bath*			
Procedure 21-8: Giving a Partial Bed Bath*			
Reference Textbook: Unit 4: Ch. 22: Grooming			
Procedure 22-3: Assisting a Person with Dressing*			

Procedure 22-5: Shampooing a Person's Hair in Bed*			
Procedure 22-6: Combing a Person's Hair*			
Procedure 22-7: Shaving a Person's Face*			
Reference Textbook: Unit 4: Ch. 24: Assisting with Urinary and Bowel Elimination			
Procedure 24-1: Assisting a Person with Using a Bedpan			
Procedure 24-2: Assisting a Man with Using a Urinal			
Procedure 24-7: Emptying a Urine Drainage Bag*			
Reference Textbook: Unit 6: Ch. 31: The Cardiovascular System			
Procedure 33-1: Assisting a Person with an In-the-Ear Hearing Aid*			
Reference Textbook: Unit 6: Ch. 33: The Sensory System			
Procedure 31-1: Applying Anti-embolism (TED) Stockings*			

### Instructors Notes and Comments


### Instructors Details

Printed Name	Signature	Initials	Notes